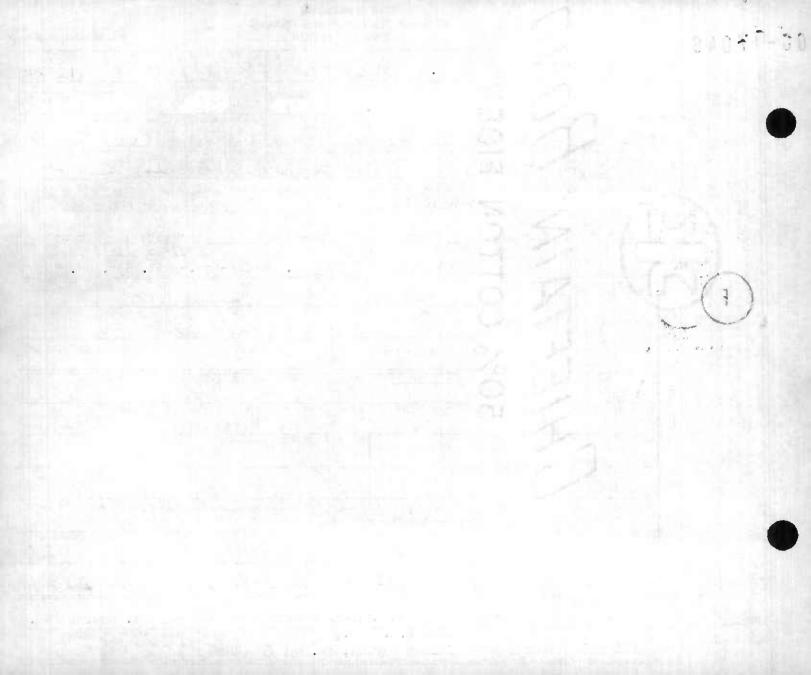
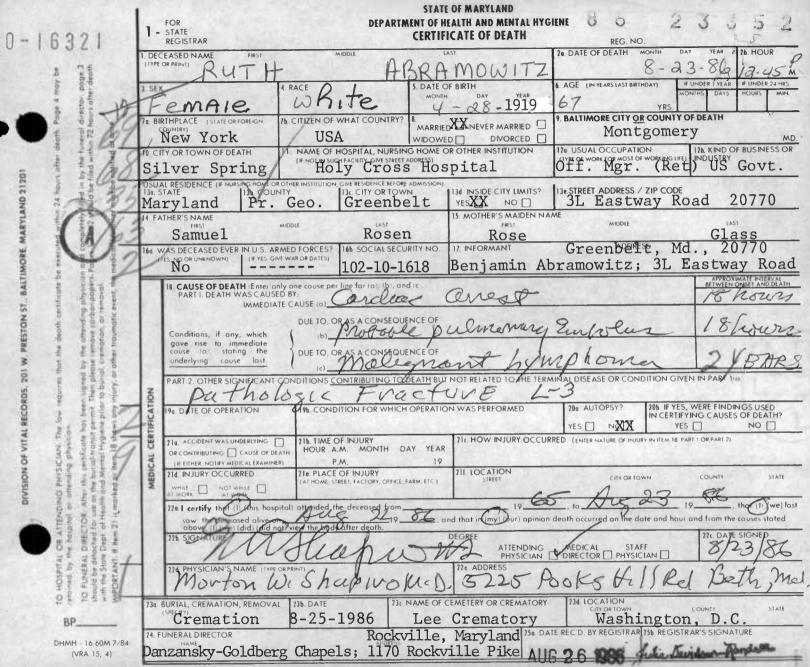
5-17060	1.	FOR STATE REGISTRAR				IT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE	B G	2	3 ,	5 5
obe 4 may be obe 3 may be our often death.	1.58	male	-	White		DATE OF MONTH Dec.	bott	6. AGE (IF UND MONTHS	ERIYEAR IFI	HOUR 2.37 M UNDER 24 HRS DURS MIN.
the life that fellol of	O C	TY OR TOWN OF DEATH	11. N	NOT IN SUCH FACILITY	AL, NURSING I	HOME OR RESS)	other institution	120 USUA (TYPE OF WI	LOCGUPATION DRIL FOR YOST OF WOR	CO ING LIFE) INI	KIND OF AL	MD. USINESS OR
condition 24.	14 F/	THER'S NAME PIRST Villiam VAS DECEASED EVER IN	MIDDLE Thom	as	LAST Abbots		3d. INSIDE CITY LIMITS? YES NO S 5 MOTHER'S MAIDEN N FIRST Jane 17 INFORMANT	156	ADDRESS / ZIP OFFICE MIDDLE Elizabe 1817 H	St N4	Bro	wn
Tertificate be see ing physical post of the post of th	(N/A 18 CAUSE OF DEATH PART I. DEATH WAS	MEDIATE CAU	cause per line for	suge	ste	Shirley L.	Moffat.		11. Sp		20904
an that the tier and by the arter please senove intal, cremation		Conditions, if ony, we gave rise to immediately ing cause	which diote the lost	UE TO, OR AS A C	CONSEQUENC	E OF	ardial	suf	arof		2.07.1	
The low require to the permit The town to the permit Theory opens prior to the town of the	RTHICATION	190 DATE OF OPERATIO	///A	Pb. CONDITION FO	OR WHICH OP		OT RELATED TO THE TER	20a AU	TOPSY? 20b.	IF YES, WER CERTIFYING YES	E FINDINGS CAUSES OF	USED DEATH?
PACIAN attending physical Alter this certifical os the burid-front the and Mental Hy sorkeg or herrits	MEDICAL CE	210 ACCIDENT WAS UNDER OR CONTRIBUTING CAL (HE EITHER NOTIFY MEDICAL 21d INJURY OCCURRED NOT WHILE AT WORK	USE OF DEATH EXAMINER)	Ib TIME OF INJUR HOUR A.M. MC P.M. e PLACE OF INJU XT HOME STREET FACTO	ONTH DAY IRY ORY, OFFICE FARM	19	21c. HOW INJURY OCCU	RRED (ENTER	DATURE OF INJURY IN ITE		PART 2)	s/AM
TALOR ATTEND by the Adupted or state DIRECTOR - defacted for use tors Days of Hear		220.1 certify that (1) (the saw the deceased abave, (1) (we) (did 22b) SIGNATURE	olive an oliview	1/2. Z the body after de	19 81	4) DI		MEDICA		2	that cause DATESIG	
TO HOSPI tremined 3 to Fund when the 3	23a E	27d PHYSICIAN'S NAM LUIS URIAL, CREMATION, RE SPECIFYBURIAL	A MOVAL 23b	CAS,	23c. NA	AE OF CE	Pre ADDRESS 1420/ Laux METERY OR CREMATORY ncoln Cemete	23d LO	CATION		el ma	

(VRA 15, 4)

Fort Lincoln Cemetery Brentwood Pr. Georges Md.

24 FUNERAL DIRECTOR 11800 N.H. Ave., 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hines / Rinaldi Funeral Home Silver Spring, Md. SEP 3

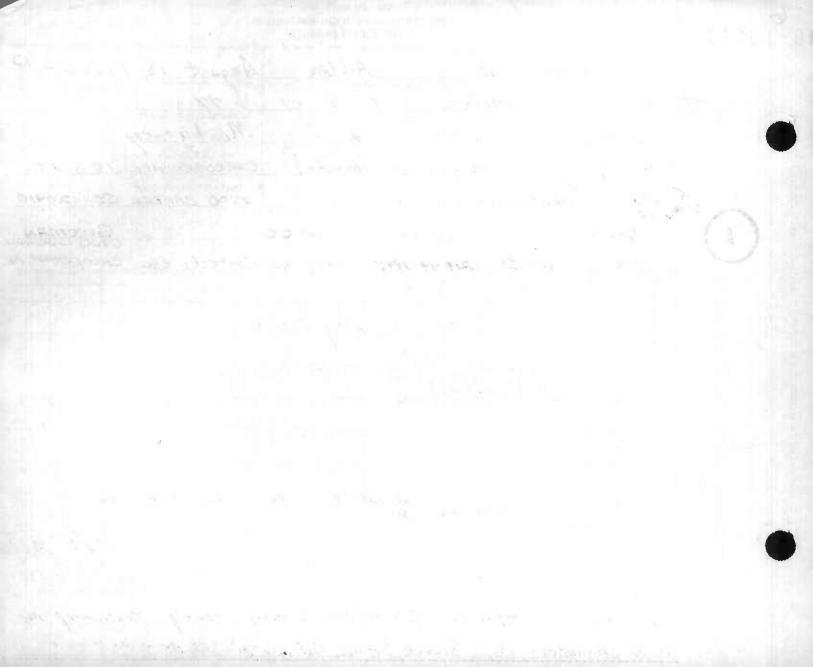




Marchael Solar Manager Aug Transport Distance Martin W. Short West D. Sous Professor 1 8 8 Francisco

					STAT	E OF MARYLAND	- 5	
	1 - 11	1	FOR STATE	DEPA		HEALTH AND MENTAL HYG	IENE 0 0	2 3 3 3 3
-1	771.7	1.	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
- 1	1141		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
9 6	deoth	{TYPE	SARAL	1	ABI	ea ms.	8-	28-86 5:50 M
Хош	0	3 SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	rs oft		Female	White	MONT	3 -15 - 1889		
9 E	2 CM		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
eoth	700	7	RISSIA	U.S.A.	WIDOW		MONTE	OMERY MD.
er d	雪人	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
s off	3 20	Ro	ckville	Hebrew Home of		er Washington	Housewife	Home
hour	pe pe	USU.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION	1134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	ODE
24	3 (2)		4 4	omery Rocky	rille	YES X NO	6121 Montrose	
thin year	2 sh		THER'S NAME			15 MOTHER'S MAIDEN NAM	ME	
≥ d	5 /		Chatzkal	Brem		Cherna	MIDDLE	Kalmanowitz
cute	8 7	16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS		17 INFORMANT	ADDRESSMA	ryland 20902
ex ou	Poge hed	- (NO OR UNKNOWN) (IF YES, GIV	ve war or dates) 025-05	5-3135	Lillian Lean.	11012 Horde St	reet; Silver Spring
e po	the			-		printing really	L L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ficol	pop novo		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		2011	normal a	ment	BETWEEN ONSET AND DEATH
Certi	ren ren		IMMEDIA	TE CAUSE (0) Cardus		wrang u	70000	
oth	on, o		Constant of the Constant	DUE TO, OR AS A CONSE	QUENCE OF	11 12 12 200 01	as Saled.	1116
e de	trou	7.4	Canditions, if any, which gave rise to immediate	(b)		uncompl	no sa ce	1000
hot th	Ose re I. cren	100	cause (a), stating the underlying cause lost.	DUE TO, OR S A CONSE	2 P S	mellit	us.	years.
res t	y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART I 10
equi	The	ATION	7.00					
3 9	prio any	CAT	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATIO	ON WAS PERFORMED		YES, WERE FINDINGS USED
he le	ows ene	CERTIFIC					YES NO	YES NO
N. T	Hyg Hyg	G. R.	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
KCIA B P	mtol mtol	AL	OR CONTRIBUTING CAUSE OF DE.	510	19			
HYS	or H	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		21F LOCATION	CITY OR FOWN	COUNTY STATE
G P	s the	2	AT WORK AT WORK	(AT HOME STREET FACTORY OF	FICE, FARM ETC)	SINEEL	CHI OX TOWN	
NO NO	mo mo			tal) attended the deceased fro	om	7-8-12 86	2. to 8-2	19_ 6, that (I (we) lost
TEN	of H	-5	270 I certify that (I) (this hasp	8 - 2 8	19 86.0	nd that in (my (our))opinion	death accurred on the date and	hour and from the causes stated
R A hos	bed ten		22b. SIGNATURE	in view the body offer death.		DEGREE		Mr. DATE SIGNED
the the	te Doc		forthe V	achest	1	ATTENDING PHYSICIAN	MEDICAL STAFF	18-28-8
HOSPITA	Stoded		224 PHYSICIAN'S NAME TYPE	OR PRINT)	- /	122e ADDRESS	J DIRECTOR C. THOSE INTO	10
HO	should be de with the Stot		LOZETO	S. ALBI	01	6/21 1	MONTROS	FOd.
Of object	5 4 3 \$ 1	23a. F	BURIAL, CREMATION, REMOVAL		23c. NAME OF	CEMETERY OR CREMATORY	236 LOCATION	
BP		1	SPECIFY) rial	The second secon			CITY OR TOWN	COUNTY STATE
		24 FI	UNERAL DIRECTOR TARTE AND	10/21/00 K	TIR 20	250 DAI	West Roxbury	SISTRAR'S SIGNATURE
	T6 60M 7/B4 A 15, 4)	11	UNERAL DIRECTOR DANZAN 70 Rockville Pi	SKY-GULDBERG M	EMORIAI Marria	CHAPELSGEP	2 1986	-
(AKA	13, 7)	TT	10 KOCKVIIIE PI	ke; kockville.	rarytai	IU ZUOJZ MEI	7 1909 / Bin	Time - De

			STATE OF MARTLAND	Ab	1510
1.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 3 0 2	3 3 3 4
342	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DE	AY YEAR 2b. HOUR
(TYPE	Nathan	5	Adler	August 18,	1986 10:451
3. SEX		1 RACE	5. DATE OF BIRTH		F UNDER TYEAR IF UNDER 24 HRS
1A	20 - 1		MONTH DAY YEAR	Mary Mc	ONTHS DAYS HOURS MIN.
10	11126	WHITE	7 7 09	YRS.	
	OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
	BERMANY	U.S.A.	WIDOWED DIVORCED	11 On + 9 omery	MD.
9 10 CI	TY, OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
120156	Wer Spring	Holy CRO		CARTOGRAPHER	U.S. Gov't.
NO UA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE BESIDENCE BEFORE	ADMISSION)		
13a. S	40 /		/ / / /	13e STREET ADDRESS / ZIP CODE	5+ 30910
1000	THER'S NAME	Gomery Silver	15. MOTHER'S MAIDEN N	2700 BARKER	30. 20110
10		MADDLE	FIRST	WIDDLE	LAST
NO L	DAVID	Adle	e Grete		GUTMAN 6900 WISCONSIN
	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	
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2/		y one couse per line to 100 (b), on	day		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent,	PART I. DEATH WAS CAUSED	DBY:	/- (10-00		BETWEEN ONSET AND DEATH
9	IMMEDIAT	E CAUSE (o)	y cry		
office of the same		DUE TO, OR AS A CONSEQUE	NCE OF / ()	1.	
au i	Conditions, if any, which	(Ib) NO	11949 1 au	Mere	
±	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONTROL	NCT OF		
ot l	underlying cause lost	Pol	75/ (
5	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART Line
Z Z	HO L	taileine			
8 shows any injur	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? LOD IF YES.	WERE FINDINGS USED
S S O	DATE OF OFERATION	The condition of the control of the	O'ELIMION WAS JEM SMILES	IN CERTIFY	ING CAUSES OF DEATH?
RTE				YES NOW YES	
	210. ACCIDENT WAS UNDERLYING	LIGHT A M MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2}
A Les	OR CONTRIBUTING CAUSE OF DEA	In .	19		
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
W Wed	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY OFFICE, I	ARM ETC STREET	CITORIOWN	COO'411 STATE
nork		(a) assessed the decrease of the	AUGUST 8. 10 86	10 August 18	0.86 that it tool but
55	sow the deceased glive on.	August 18	86		
121	obove, (I) (wp) (digh) (did no	view the body after death	, and that in (my) (our) opinion	n death accurred on the date and hour	ond from the couses stated
- te	226 SIGNATURE	PN. /1/100	DEGREE	1/200	22 (DATO SIGNED /00 /
E E	1 Van	11 8) V / 11/10	h // ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	19/7/A 6
Z	22d PHYSICIAN'S NAME TYPE O	Report)	27e ADDRESS	1/1/10	610/1
7	/ Naval	B-Hona A	1.0 /2/12	Voirs Mill RA	2 1/ Woods
NAPORTAN	101 11	Julian		Ton to carrie	ce may an
23o. B	SPECIFY)	1 1	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
	BURCAL	8/21/86 Ju	Idean Memorial GAR		oncomery my.
7/84 24 FU	JNERAL DIRECTOR	ADBOELE	25a DA	ATE REC'D. BY REGISTRAN 256 REGISTE	
	I.W. CHAMBER	c. Ca. Silver	e SARING, Md. A	16 20 1966 June 187	rationary lightime

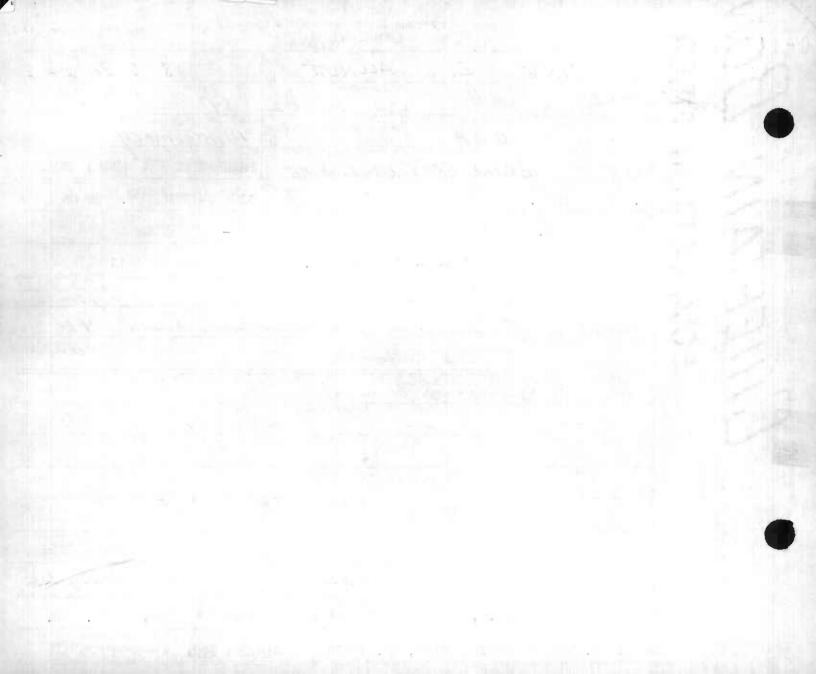


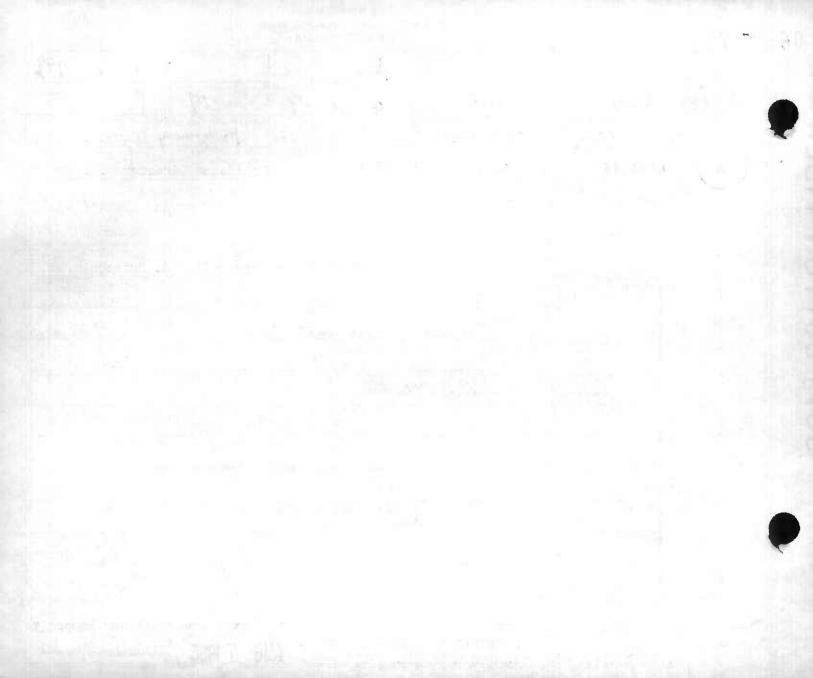
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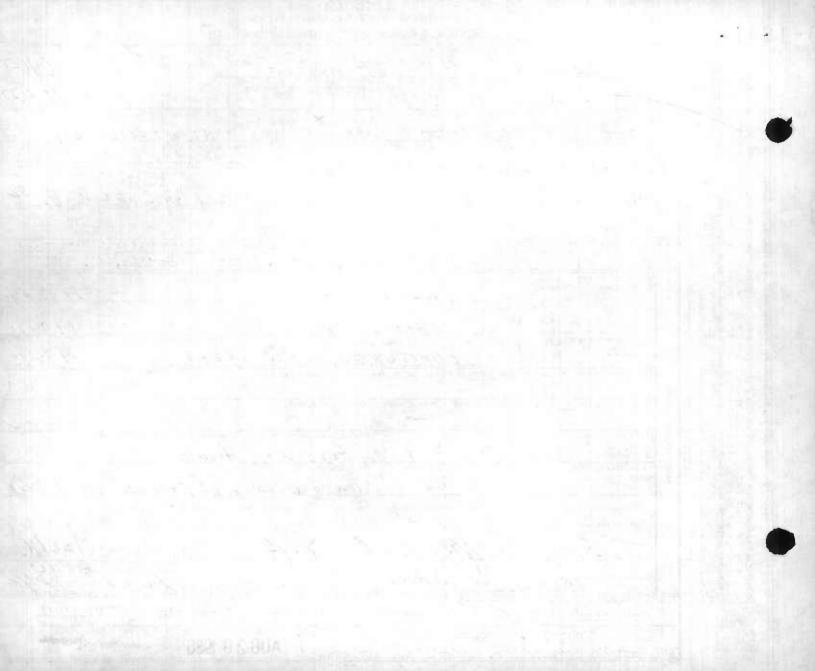
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e esecut		1	léa V	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	579-03-5		YUBA V. AL	LLNUTT	SAMI	E AS #	13	
of the death certificate by the attending physics a remove companion	Cremation, or removal			RATTI DEATH W. Conditions, if any, gave rise to imm cause (al, stating underlying cause	AS CAUSEI IMMEDIAT which rediate	DUE TO, O	Cereture	ENCE OF	alor Alledo Ale Cent		solular E	h'sease	11	MARIE INTERVAL ONSET AND DEATH MONLY.
ine requires the as been signed to seem? Then place	se prior to burnel.	ク	HCATION		IIFICANT C	CONDITIONS CO	ension,	Blue	NOT RELATED TO THE TO		a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDS	NGS USED 5 OF DEATH?
SECIAN The ophysical perfectle h	Mem 18 sho	9	CAL CERT	21a ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	(H	M. MONTH D	AY YEAR	21¢ HOW INJURY OC	CCURRED (E	S NO P	YES		NO 🗌
NG Pher other tha	th and M	-	MEDICAL	ILE NOT WHAT WOR	LE 🗆		REET, FACTORY OFFICE F		21f LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
ATTENDI	of Head			22a. I certify that (I) saw the decease abave, (I) (we) (d	(this haspit d alive an id) (did nat	tal) attended th	e deceased fram 19 19 after death.		d that in (my) (aur) api	101an death o	a	late and haur		
TAL OR	hote Dep			226 SIGNATURE	mes (1	len h	10		NG MED	OICAL STA	FF CIAN	8/6	186
O HOSP etgined TO FUN	MPORTA	1		OLIVE.	12	V. L.	AW /ES.				HILIP I	PRIVE	Black	y Ms.
BP			B	URTAL	REMOVAL	AUG.9	, 1986		EMETERY OR CREMATO NSVILLE	L	AYTONSV		MONT.	MD STATE
OHMH - 16 ((VRA 1:		/84		NERAL DIRECTOR RANCIS H. 1	BARBE	R LAYT	onsvíľľe,	MD.	20879	AUG.1	1 1986	1256. REGISTR	AR'S SIGNAT	TURE

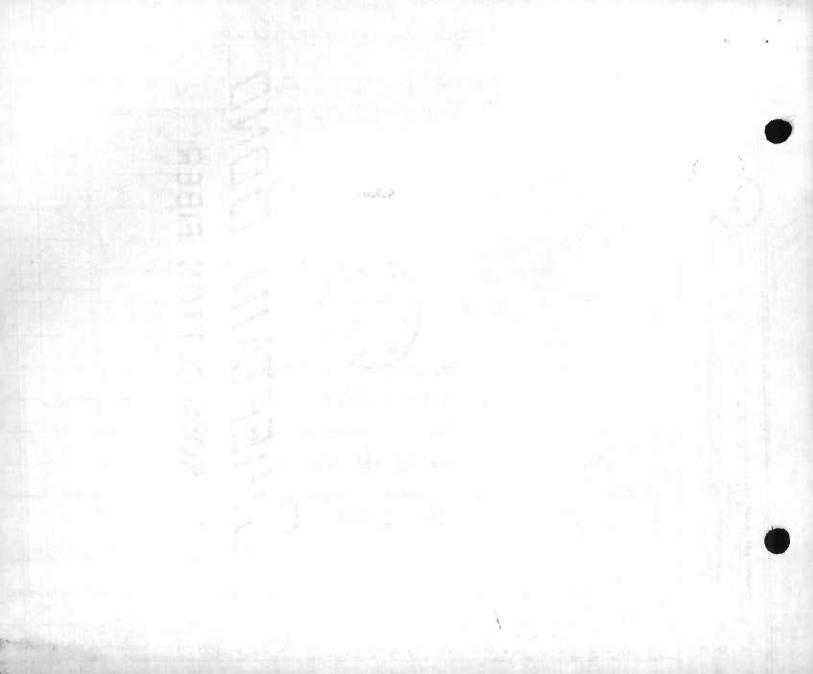




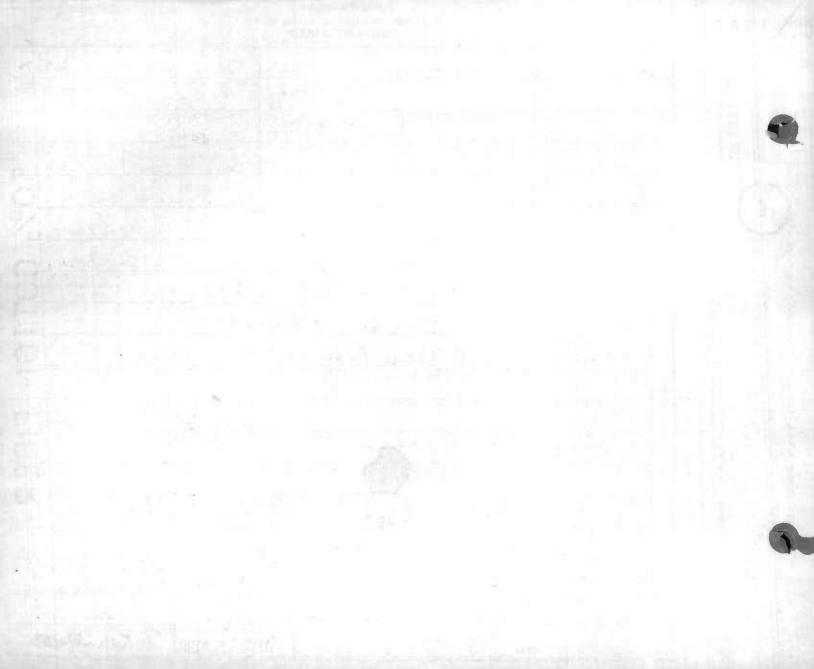
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			OR		DEPARTA	MENT OF HE	ALTH AND MEN	NTAL HYGIEN	IE O	6. 0	0 0	
- 169	Ω		STATE REGISTRAR	ME	DICAL E	XAMINER	'S CERTIFICA	ATE OF DEA	ATH	REG. NO.		
100	10		EASED NAME FIRST		MIDDLE		LAST		20 DATE KNO		DAY	EAR 26 HOUR
			OR PRINT)		^		1		OF ES	TI	- 1	01 1177
	COR.		LESL	IE	0	/	+MKI	1/13	DEATH MA	TED	2619	16 16 h
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SEX	4 RACE	5 DATE OF BIRTH	WEAR	6 AGE (IN YEARS		UNDER 24 HRS.	2c. DATE	MONTH	DAY .	YEAR 28 HOUR
	DIRECT DIRECT OUR FI	0.00	1	MONTH DAY	YEAR	SO YRS.	MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	P	2-1 100	81 11.27
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5	SOLD BY DE	13a, S1	L RESIDENCE (IF IN NURSING HOME OF		13c CITY	OR TOWN	1138. INSIDE CITY	LIMITS? 13e STE	REET ADDRESS	20852		0.5.
2120	A MESON	100.0	MD MONT		Roc	kville		NO 0 10	2016	ROS VE	NOR	(P) 320
MD.	33,7	14 FA	THER'S NAME	(3 D) P/ 1			15 MOTHER	S MAIDEN NAMI				
8	PS-H-		FIRST	MIDDLE		AST	FIRS	ST .	MIDDLE	He	ward	
2	TO SEESE		Thomas		Amrin			elyn				
W	ON A A GE		AS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOC	IAL SECURITY N	D. IT. INFORMA	Son Son	1142	ORRollin	ng Hil	1 Road
BALTIMORE,	JRS AFTER 3. GIVE PA WITH FOR MITH FOR DIVISION		No		481-	-01-8263	Robert	W. Amri	ine Roc	kville,	Md. 2	0852
3	S S S S S S S S S S S S S S S S S S S		18. CAUSE OF DEATH (Enter on	ly one sawe per lin							APPRO	XIMATE INTERVAL
T.	WE VE	2	PART I DEATH WAS CAUSE		D 4	/					BETWEEN	ONSET AND DEATH
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STO	THIN 24 CIL IN ITE AER ALON ANSIT PER REMOVA		000	DUE TO, O	R AS A CON	SEQUENCE OF						
- A	ER THIN		Conditions, if ony, which	(6)	111	ACTIL	174				1	9 DAYC
×.			gave rise to immediate couse (a) stating the under-		R AS A CON	SEQUENCE OF						
201 /	N PEN XAMII XAMII AL-TR NENT		lying couse lost.		FR.	907110	and A	410	LEFT		10	ALUC
	5-25			(c)	1 /1/	FUIUK	30 /	· //	CC / /		/	1470
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8	AS A S A S A S A S A S A S A S A S A S	o S			-							
	58 7 9 B 1	CERTIFICATION	190 DATE OF OPERATION	_ 196 COND	ITION FOR V	WHICH OPERATI	ON WAS PERFORM	ED?			20. AUT	OPSY?
VITAL	のの主めとなって	문			-						YES	O NO Z
5	NOR CHARLES	E	210. EXTERNAL CAUSE WAS	21b. TIME C	E IN HIPY		21c HOW INJURY C	CCUPPED IENTER	NATURE OF INBURY	IN ITEM 18 PART 1 OR P		
9	A H S H S H S H	Ö	UNDERLYING OR		M. MONTH			SCCOMMED (SIMO	1			
N O	三年 ららずる シ	3	CONTRIBUTING CAUSE OF		И.	7 1980	FELL	14 Y	10/14/13			
DIVISION OF	CERTIFICATE SI- RITING THE WOR RDED TO THE CR E 3 SHOULD BE I E DEPARTMENT OF PRIOR TO BUI	MEDICAL	214 INJURY OCCURRED		OF INJURY		III LOCATION STREET		CITY OF YOUAN		SHALLY	STATE
á	SERRES	2	WHILE NOT WHILE [oms			SUEWOT	PIB	5.THURKE	Mar	17-11/8
	E S & A A		AT WORK	//	07.70		7007011	50 8.00 ()		3.11 23.31	10000	1 Weld
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	A SECULA		(TYPE OR PRINT)	CCI 9	1011	7,00	ADDRESS		e) asim	1-4/20	11700	- ruy
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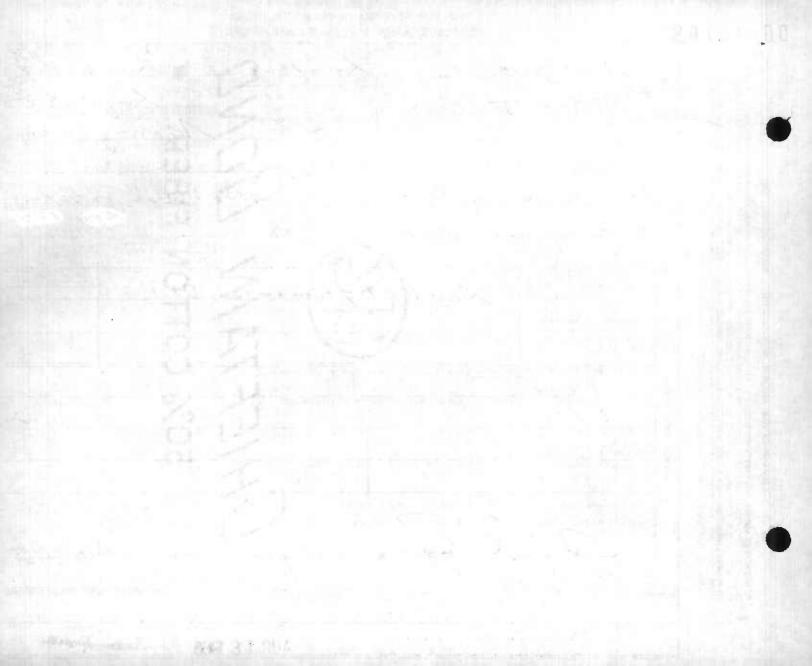
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E	Spirit of of	7.		obove, (1) (we) (did) (did no	t) view the body ofter deat	h. 19 - 6 - 6	na that in (my) (our) apini	on death occurred on the date and	hour and from the causes stated
~	hed hed	9		226. SIGNATURE	1		DEGREE		22c DATE SIGNED
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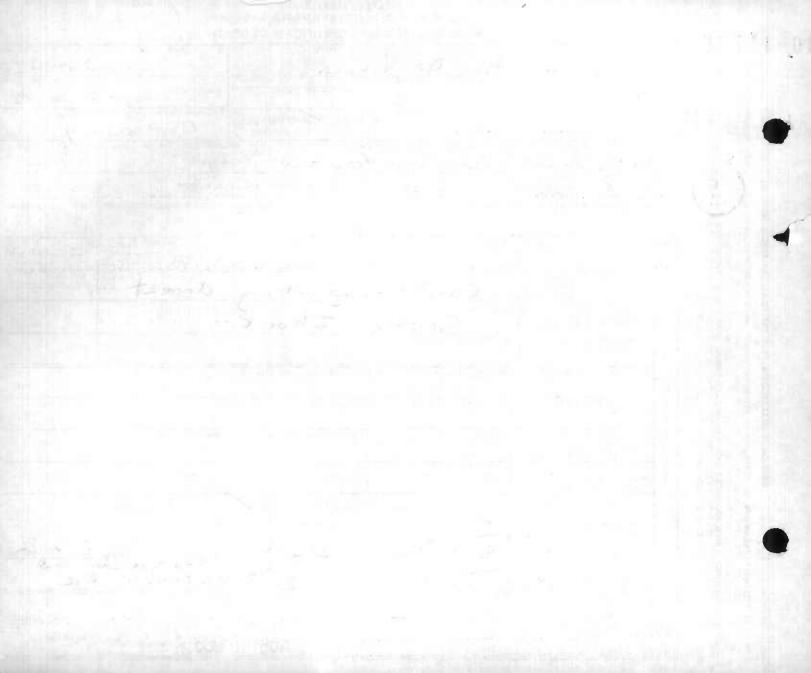
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 ING PHYSICIAN: The low requires that the death certificate be executed within 24 her offending physician. Then this certificate has been signed by the other find imprired and completely filled in as the buriol-transit permit. Then please remove exhaustingen in Pages hand 2 should be the ond Mental Hygiene prior to buriol, cremation on affect that are also shown as the buriol of the order or the order of the order		gove rise to immediate couse (a), stating the	DUE TO TOR AS A CO	MEQUENCE DE	++ · n/		10-
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0 f 0 d 3 M		BURIAL CREMATION, REMOVA			CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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			STATE OF MARYLAND
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9 505500		STATE / 136 COUNTY	13c. CITY OR TOWN 4 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS #1219
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O GOON	Jak	ATHER'S NAME	TS. MOTHER'S MAIDEN NAME
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B BB & 8 5 -	/	William R.	Hopkins Mary L. Wright
W RAGES -	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 17. INFORMANT #1220 ADDRESS 7333 New Hampshir
ANT SECTION	4	No	185-01-1868 Anne L. Vaeth Sister Huattsville Md.
20 N N N N N N N N N N N N N N N N N N N		18. CAUSE OF DEATH (Enter only one cause per	Eng for (a) (b) and (c)
MAGOOM ST		PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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AN AN AN AN AN			OR AS A CONSEQUENCE OF
₩ EH#S48	1	Conditions, if any, which gave rise to immediate (b)	
N NAME OF SERVICE			OR AS A CONSEQUENCE OF
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E 25 8 25 6 5	MEDICAL	216 INJURY OCCURRED 21e PLA	CE OF INJURY (ATHOME. 211 LOCATION
SERVER SERVER	2	WHILE NOT WHILE STREET.	FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
HAWAY TH		AT WORK AT WORK	
# A Q # # B		220 I certify that I took charge of the remains	described above, held on Autopsy . Inspection . Inquiry ., and in my opinion
NO WEEK		death resulted from: Natural couses 💭,	Accident Suicide . Hamicide . Undetermined manner .
380878		0 - 6	
#03953		ACTUAL ACTUAL	TITLE (SPECIFY) DATE O DATE DATE
SEXSEN-	-	SIGNATURE	M.D. MEDICAL EXAMINER SIGNED
55 - 50 S	7	EXAMINED NAME Tolou C Poor	1010 Saminary Band Silvery Souther HO
₹CH ZEE	4	EXAMINED NAME John S. Roge	ers, M.D. ADDRESS 1919 Seminary Road Silver Spring, MD.
TO MEDICAL E EXECUTE THE C PAGE 4 SHOUL TO FUNERAL D AFTER DEATH / AFTER DEATH /	23o. 8	URIAL, CREMATION, REMOVAL 236. DATE	23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE
	1	SPEC (FY)	
07/84 BP	24 F	Burial Aug. 13, 1	1986 Fort Lincoln Cemetery Brentwood Pr. Geo. Maryland 1250. Date REC'D. BY REGISTRAR'S SIGNATURE
DHMH - 17		UNERAL DIRECTOR Francis J. Co.	eins, Jr.
(VR A15 ME (5))		O University Blvd. W.	Silver Spring Md. AUG 18 1988 Filia Dividen Rondon



								MARYLAND		n 7	7 6	7
		1.	FOR STATE			EPARTMENT	OF HEALTI	AND MENTAL	HYGIENE O	20	0 0	C)
0 1	1700		REGISTRAR		WED	DICAL EXAM	AINER'S	CERTIFICATE	OF DEATH	REG. NO.		
U -	4100		CEASED NAME	FIRST	-	MIDDLE		LAST	20. DATE K	HINOM NI MONTH	DAY YEAR	2h HOUR
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. 21	THE PERSON	H	arytand	Tr.G.		Kiverua	1e	YES NO	3807 Pat	terson Ro	ad 2073	3/
MD. 21201	1 20/1	UL E	THER'S NAME FIRST	PALLE	WIDDLE	LAST		. 15. MOTHER'S MAID	EN NAME	DIF	LAST	
N H	28 25 CC	1	William		н.	Anglin	. Sr.		7410		Morris	
9	8496Z	160. N	VAS DECEASED EVE	R IN U.S. ARN	NED FORCES?	16b. SOCIAL SEC		Susie		ADDRESS - 00-		
BALTIMORE,	EARS .	1	ES, NO, OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	F70 00	0001	10111 1 2			Patters	son Rd
	SOFAS	No		ATIL (F		1578-09-		Mildred I	Anglin (Wife)Rive		1d.
201 W. PRESTON ST.,	E. T. S. T.		PART I DEATH	WAS CAUSED	y ane cause per line BY:	11	20 -	1	0-	. tegn	APPROXIMAT BETWEEN ONSE	T AND DEATH
N	N 24 HO N ITEM I A LONG A LONG IT PERM YGIENE		-	IMMEDIATE	E CAUSE (o)	ardio	ars	5144194	d ar	LAS 21	71	
STC	NO A PLANT				DUE TO, OR	AS A CONSEQUE	VCE OF		2			
OC.	UTED WITHI IN PENCIL EXAMINER IAL - TRANS O MENTAL H DN, OR REA		Canditians, if		(b)	403/	Le	Ohoe	K.			
≥ .	NA RES		cause (a) stati	ng the <u>under</u> -	DUE TO, OR	AS A CONSEQUEN	NCE OF					
201	HOULD BE EXECUTED WITHIN 24 HOW RD "PENDING" IN PENCIL IN ITEM II HIEF MEDICAL EXAMINER ALONG SED AS A BURAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, RIAL CREMATION, OR REMOVAL.	-	lying cause las	<u>.r.</u>	(c)							
DIVISION OF VITAL RECORDS.	SAL ANIC	- 10	PART 2 OTHER SIGNIFIC	ANT CONDITIONS C		IIT NOT RELATED TO TH	TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	IRT 1 in			
Ö	EW TH	Z					TERMINAL VISCA	t or complition only in 17	CRI (YO).			
REC	MEDING MEDING MEDICA ASA BU CREMA'	CERTIFICATION	19a DATE OF OPE	PATION	TIEL CONDIT	ON FOR WHICH	ODERATIONIVA	(AC DEDECORATED)			In the second	
7	ATE SHOULD E WORD "P THE CHIEF ID BE USED AENT OF HE TO BURIAL	2	THE DATE OF CITE	(Allol4	178 CONDII	ON FOR WHICH	JEKATION V	AS PERFORMED?			20 AUTOPSY	?
7	¥89555	E									YES 🗆	NO 🗆
O	A SECTION OF THE SECT	U	210 EXTERNAL CA		21b. TIME OF HOUR A.M.	MONTH DAY	YEAR 21c H	OW INJURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR P	ART 2}	11-16
NO	SEOSES.	3	UNDERLYING CONTRIBUTING	CAUSE OF D	EATH P.M.	1						
ISI	HIS CERTIFICATE SHOUL WRITING THE WORD " WARDED TO THE CHIEF AGE SHOULD BE USEE ATE DEPARTMENT OF HIS 21201 PRIOR TO BURIAL	MEDICAL	21d. INJURY OCCU	RRED	21e PLACE O			CATION				
ā	ARD ARD SO	E		WORK	STREET, FACTO	DRY, FARM, ETC.)	100	STREET	CITY OR TOWN	· cc	YIMUC	STATE
	L. H. S. T. S.					/				_		
	L EXAMINER: FE CERTIFICATE OULD BE FORVAL DIRECTOR: H, WITH THE S. AARYLAND,		220. I certify tha	t I took charge	af the remains desc	ribed abave, held	an Autap	sy . Inspection	in M, Inquiry (, and in my a	pinian	
	MER FE	37	death resulted fro	m: Nature	ol couses .	Accident,	Suicide	, Homicide	Undetermined man	ner,		
	A W W C C C		ACTUAL .	~	000	^		TITLE (SPECIFY)				0-
	ARONE S		ACTUAL SIGNATURE	ST	5 Mm	Jellen	N	Nugar Day	MEDICAL EXAMI	VER SIGN		-85
	NOR SET TET	/	EXAMINER'S NAM		, -	1		0 (7 25	ethos.	do m	8.
	A SHEET		(TYPE OR PRINT)	00	hw i	and Ar		ADDRESS 921	8 WIE C	onsin	al4	
	TO MEDICAL EXAMINER. EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TOF EUREXL DIRECTOR, AFTER DEATH, WITH THE BAHTIMORE, MARYLAND	23a.B	JRIAL, CREMATION	REMOVAL 23	b. DATE	23t. NAME O	CEMETERY C	R CREMATORY	23d LOCATION CITY OR TOWN			
07/B4		(5	Buria	1	08/06/86	Ft. Il	ncoln	Cemetery	Brentwoo	d P.G.		land
25M		2178	INFRAUDIRECTOR						REC'D. BY REGISTRAR		SIGNIATURE	Tand
	DHMH - 17 (VR A15 ME (5))	17	AMELS Gas	CII'S SO	ons Funera	al Home,	P.A.	A 110		whe Davidson	Mandell	
	(AK WID WE (3))	4/	39 Baltim	ore Ave	enue Hyati	sville.	Md. 20	781 700	1 1977			



0-153	4.5	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAN MENT OF HEALTH AND MI CERTIFICATE OF DE	ENTAL HYGIENE	0 2 REG. NO.	3 5	0 4
y be	r deoth	(TYPE	CEASED NAME FIRST ARTHU		APPELL,	Jr.	E OF DEATH MENTH	5 86	6 PM
Роде 4 то	urs offer. p	3. SE	MALE	CAUC.	5. DATE OF BIRTH	YEAR,	(IN YEARS LAST BIRTHDAY) 75 YRS	MONTHS DAYS	# UNDER 24 HRS HOURS MIN.
eo th.	in 72 ho	(RTHPLACE (STATE OR FOREIGN COUNTRY) MYLLOND	OSA	MARRIED NEVER MA	ARRIED 7. BALT	Montac		MD.
201 offer d	by the fu	io ci	LUCK SPITING	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET		[TYPE OF	JAL OCCUPATION WORK FOR MOST OF WORKING tion Chief	LIFE) 125 KIND OF	BUSINESS OR Bocial
ARYLAND 212	ely filled in 2 should be to	130. S Ma	THER'S NAME	gomery Silver S	N 13d INSIDE CIT	Y LIMITS? 13e.STRI	EET ADDRESS / ZIP CO University	DE	20902
E, MAR	s lond in olexon	160 V	Arthur W		Sr. Sar		Adeline	Young	
TIMOR	on ond co			WAR OR DATES)		cousin	Vienna, l	Commons la. 2218	0
PRESTON ST., BAI	e corbon pope e corbon pope on, or removol. Imofic event, th		PART 1. DEATH WAS CAUSEE IMMEDIATI	y one couse per line for (a), (b), or DBY E CAUSE (a) DUE TO, OR AS A CONSEQU	IRATORY ENCE OF	FAILUR 128 AD	20 +	BETWEEN ON	ATE INTERVAL USET AND DEATH
, 201 W.	n please remov n please remov burial, cremati ry, or other froi		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTIONS CONTRIBUTING TO	etis mell	o the terminal dis	Dehydraf EASE OR CONDITION O	GIVEN IN PART 110	
AL RECORDS	permit The ne prior to ws ony inju	CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFOR/	MED 200 /	AUTOPSY? 20b, IF Y	YES, WERE FINDING TIFYING CAUSES O YES []	GS USED OF DEATH?
OF VITA	buriol-tronsit Mentol Hygie or Item 18 sho		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA		AY YEAR	JRY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM T	8 PART OR PART 2)	
DIVISION OF NG PHYSICIA	fter this os the but th ond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	211 LOCATION STREET	١	CITY OR TOWN	COUNTY	STATE
ATTENDI	DIRECTOR: A locked for use a Dept of Heold If Hem 21 is may		270 I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (did) (did not 27b SIGNATURE	al) ottended the deceosed from	ond that in (my) (a	, 19 <u>86</u> , to_ aur) opinion deoth occ	curred on the date and h		
SPITAL OR	Stot de la constant		78M P K		MI) ATT		TOR PHYSICIAN	8/5/	186
TO HOS	should be with the Simporta	23a. E	URIAL, CREMATION, REMOVAL	ANNARKA 1236 DATE 1236	7. 820 NAME OF CEMETERY OR CR		ocation	.s. MIS	20910
BP_		Bu	specify)	Aug. 11. 1986 Fo.	rt Lincoln Ce	metery B	entwood Pr.		
	- 16 60M 7/84 RA 15, 4)			s J. Collins. J d., W. Silver S			3 1986 Julia	Laurdson-H	ndelle

 STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

CERTIFI	CATE OF DEATH		REG. NO					
LA	NST	20. DATE OF DE	ATH A	HTMO	DAY	YEAR	26 HOUR	?
Au	stin	Aug.	24,	198	6		11:0	бр _м
5. DATE O		6 AGE IN YEAR	S LAST BIRTH	DAY)		ERIYEAR	IF UNDER 2	
Aug.	28, 1929	5.6		YRS	MONTHS	DAYS	HOURS	MIN,
MARRIED WIDOWEI	NEVER MARRIED DO DIVORCED	9 BALTIMORE MONT			Y OF D	EATH		MD.
ADDRESS)	ist Hosp.	120 USUAL OCI (TYPE OF WORK FO Lands	R MOST OF	WORKING L		KIND O DUSTRY	F BUSINES	SSOR
ADMISSION) N SOn	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADD 24434				1/ 2	0842	
	15 MOTHER'S MAIDEN NAME FIRST EMT	N	ark	er		LAS	1	
RITY NO.	17 INFORMANT		ADDRES	S				
5452	Rebecca Au	stin(w	ife) sa	ıme	as	#13	
10 20	SPIRATORY	ARRE	21			BETWEEN	MATE INTERV	AL DEATH
NOTOR	myocardin			ron				
ER VE	USION							
DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	RCOND	ITION GI	VEN IN	PARI 110		
OPERATION	N WAS PERFORMED	200 AUTOPS	AS	IN CERT			OF DEATH	
Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY	IN ITEM 18	PART I O	R PART 2)		
ARM, ETC)	211 LOCATION STREET		STY OR TOW	'N	C	YINUC	ST	ATE
	MAN 2 104016	5 , to			. 19		that (1) (w	e) last

116. TIME OF INJURY HOUR A.M. MONTH DA 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21d INJURY OCCURRED AT HOME STREET FACTORY, OFFICE, NOT WHILE

and that in Imy) (aur) apinian death accurred an the date and have and Iram the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Hector C. Asuncion, M.D.

220.1 certify that (1) (this haspital) attended the deceased from

22e ADDRESS

DEGREE

18730 Germantown Road, Germantown, Md.

230 BURIAL, CREMATION, REMOVAL Burial

226. SIGNATUR

FOR

FIRST

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13b COUNTY MONTG.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

190 DATE OF OPERATION

Verlin

Montg.

Alfred Austin,

(IF YES GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), an

IMMEDIATE CAUSE (a)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN

4 RACE

Black 76 CITIZEN OF WHAT COUNTRY?

> NAME OF HOSPITAL NURSIN (IE NOT IN SUCH FACILITY, GIVE STREET

> > Dickers

166 SOCIAL SECU

228-38-

196 CONDITION FOR WHICH

Shady Grove Ad

USA

- STATE REGISTRAR DECEASED NAME

TYPE OR PRINTS

Male

TO BIRTHPLACE (STATE OF FOREIGN Virginia

CITY OR TOWN OF DEATH

Rockville

(YES NO OR UNKNOWN)

14 FATHER'S NAME

3. SEX

8-29-86

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

20874 STATE

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

CERTIFICATION

MEDICAL

-0

MPORTANT.

BP

(VRA 15, 4)

George R. Snowden

246 Na Washington Rockville, MD 20850

Parklawn Mem. Park Rockville, Montg. MD 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

06-1770

to a reflection to the same of LIGHT ARMER MUHAMMAN AND ARREST OF 2 Explications 42. 6 2. 7 CHUI TOSK Mr Ser Joseph 10 DECEASED NAME

TYPE OR PRINT!

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Deiler

CERTIFICATE OF DEATH

KEG. NO.				
DATE OF DEATH MONTH	DAY	YEAR	2b. HO	JR
August 11, 1	986		11:	10am
AGE (IN YEARS LAST BIRTHDAY)	IF UND	ERIVEAR	IF UNDER	24 HRS
	MONIN	DATE	MOUNS	MIN

ratii	CIA	Aim barrey				Augus	TT: TO				
3 SEX	4 RACE		5 DATE C	FBIRTH		6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER		IF UNDER	24 HRS
female						YRS	MONTHS	DATS	MQUR5	MIN.	
R BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIE		R MARRIED		CITY OR COUNT				
West Virginia	United	States	WIDOWE	D	DIVORCED [mery Cou	inty,			MD.
Kensington	(IF NOT IN SUC	HOSPITAL, NURSING THEACILITY, GIVE STREET A gton Gar	DDRESS)	НО	120. USUAL OCCUPATION (I) YPE OF WORK FOR MOST OF WORKING LIFE) Teacher 120. USUAL OCCUPATION (I) YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Education						
USUAL RESIDENCE (IF NURSING HOME OF LIG. STATE 13b. COUI Maryland Mont	Court Health Dillore	GIVE RESIDENCE BEFORE 131. CITY OR TOWN Kensingto	V	13d INSIDE	CITY LIMITS?	3918 Pr	DRESS / ZIP COR	tree	t/20	0895	
4 FATHER'S NAME FIRST James	MIDDLE	McCaulle	y	15 MOTHE	R'S MAIDEN NA FIRST Mae		AIDDLE	Me	110		
	RMED FORCES? VE WAR OR DATES!	166 SOCIAL SECUI		Dr. (L. Baile	address by Same a	ıs #1	.3.		
18 CAUSE OF DEATH (Enter of		line for (a), (b), and	lies 6	2,15		Uh state		0		MATE INTER	

NO	1505 20 2170 DI: GRESCEI E: Balley	
18 CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE	ECAUSE(0) LOBAL PNEUMONIA	2-3020
MARCOLAT	DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which	((b)	
gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
	(c)	
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 100

ALZHEIMER'S DISEASE

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	N CERTIFYING CAUSE						
			YES 🗌	NO[X	YES	NO 🗌			
71a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART ?)						
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE			
			1- /1	11 = 11	110				

AT WORK AT WORK		0		
220 1 certify that (1) (this ho	ospital) attended the deceased from	m June 1	19 06 10 Clay 11	, that (I (we) to
sow the deceased alive above, (I) (we) (did) (did	on Cang // 19	86 U , and that in m	our) apinion death occurred an he date	and hour and from the causes stated
226 SIGNATURE	F7 (10	DEGREE		22¢ DATE SIGNED

22e ADDRESS

SHARGEL MD

TVE 2089

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

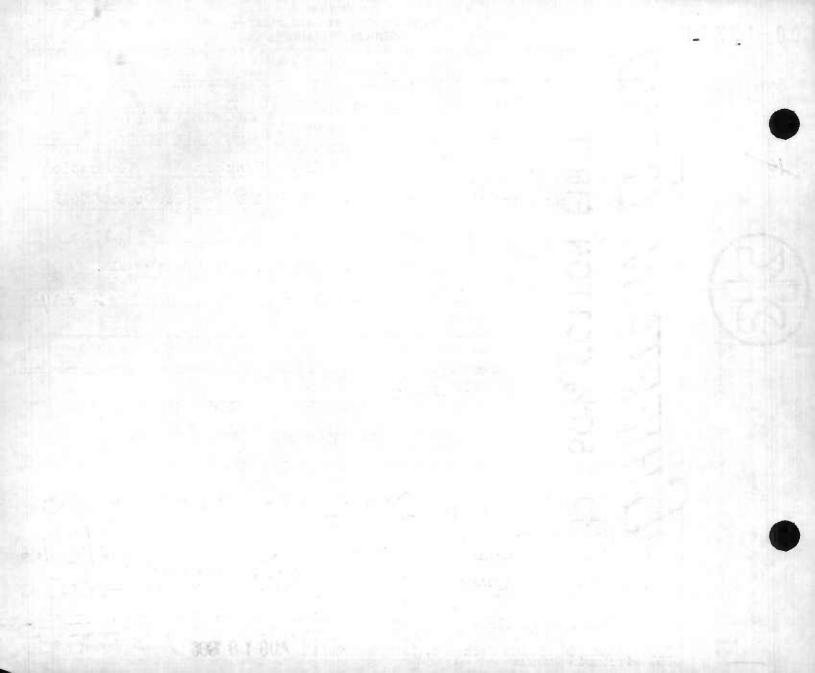
16,1986

August 136 NAME OF CEMETERY OR CREMATORY Parklawn Memorial Park

Rockville Montg. Maryland

74 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA 250 DATE RECD. BY REGISTRAR 135 REGISTRAR 13

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

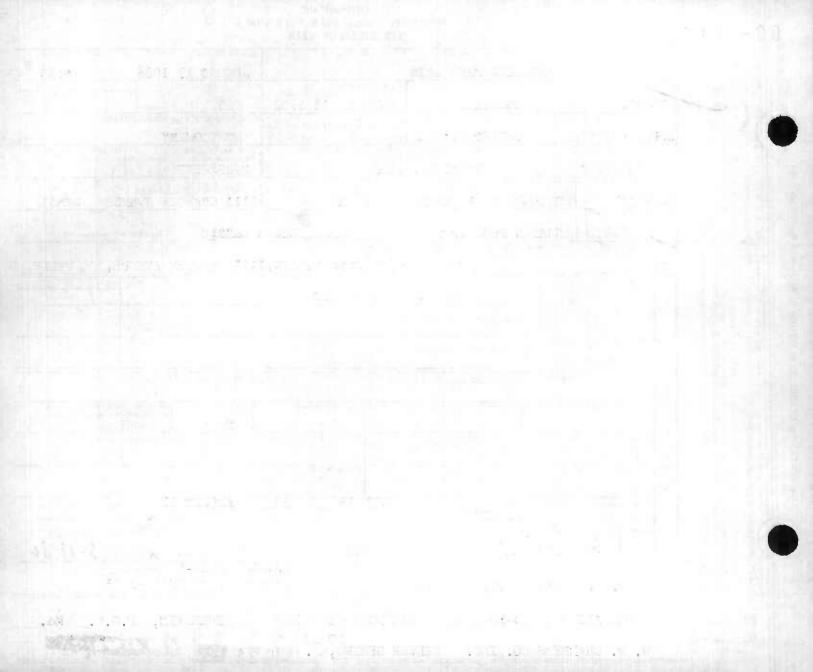
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

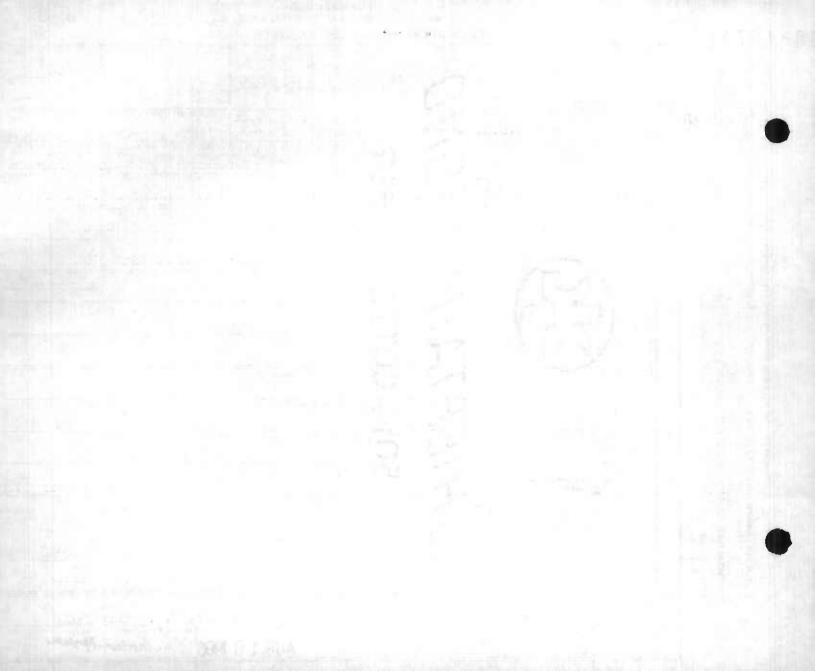
8	- STATE REGISTRAR				CERTIF	FICATE OF DEATH	REG. I	٧٥.					
	CEASED NAME	FIRST		WIDDLE		LAST	DAY YEAR	2b. HOUR					
		MA	ZELLE N	AAUD BA	AIN	Talign Service	AUGUST 1		5	6:55 P _M			
3 SE	<u>X</u>		4 RACE		5. DATE (6 AGE (IN YEARS LAST E	IRTHDAY)	MONTHS DAYS				
F	EMALE		CAUCASI	EAN		MBER 12 1922	63	YRS					
7a. 8	IRTHPLACE (STATE OR F	OREIGN	TE CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	TY OF DEATH				
SO	UTH CAROLI	NA	UNITE	STATE			ERY	M					
	BETHESDA		(IF NOT IN SUC	HEACHITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIF	OF WORKING		OF BUSINESS OR Y			
MA	RYLAND	13b. COUN		13t. CITY OR ROCKVI	TOWN	13d. INSIDE CITY LIMITS? YES \(\begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	13. STREET ADDRESS 1111 GRANT			20851			
14. F	ATHER'S NAME	,	AIDDLE	1A51		15 MOTHER'S MAIDEN NA	ME			AST			
	DAVID I	BENJAN	IN ROBI	ERTSON		LELI	A BAZZLE						
	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL	SECURITY NO.	17 INFORMANT	ADD	RESS					
N		-		251-3	32-6632	JOHN R.BAIN,	1111 GRAND	EN AVI					
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE			IRATORY	ARREST			APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH			
NOI	PART 2 OTHER SIGN	lost.	((c)		EQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CO	NDITION G	SIVEN IN PART	l (o·			
CERTIFICATION	19a DATE OF OPERA	ION	19b COND	ITION FOR W	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERT	'ES, WERE FIND TIFYING CAUSE YESX				
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEA	HOUR A.		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18	8 PART I OR PART 2)				
MEDICAL	21d INJURY OCCURE	ILE 🗀	21e. PLACE (AT HOME, ST		FFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE			
	22a I certify that (I) saw the decease above, (I) (we) (c					N 15 19 86 nd that in (my) (aur) aprinion	to AUGUST	17 date and ho	, 19 <u>86</u> our and from th	., that (I) (we) last ne causes stated			
	22b. SIGNATUR	Wa	Iu/				DIRECTOR PHYS			-19-86			
	D. G.		ER, LT,	MC, US	SNR		AL HOSPITA HESDA, MD		-5011				
23a	BURIAL, CREMATION,		236. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE			
	CREMATI	ON	8-19-	1986	CHAMBE	ERS CREMATORY	RIVERD	ALE.	P.G.C.	Md.			
24 F	UNERAL DIRECTOR			ADD	0666	20910 U.PA	IE REC'D. BY REGISTRA	R 25h REGI	STRAR'S SIGN	THRE			
	W. W. CHA	MBERS	CO. IN	C. S.	ILVER SE	PRING, Md. AIR	न्य सार्व	This D	avidon-1	PURCHE			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

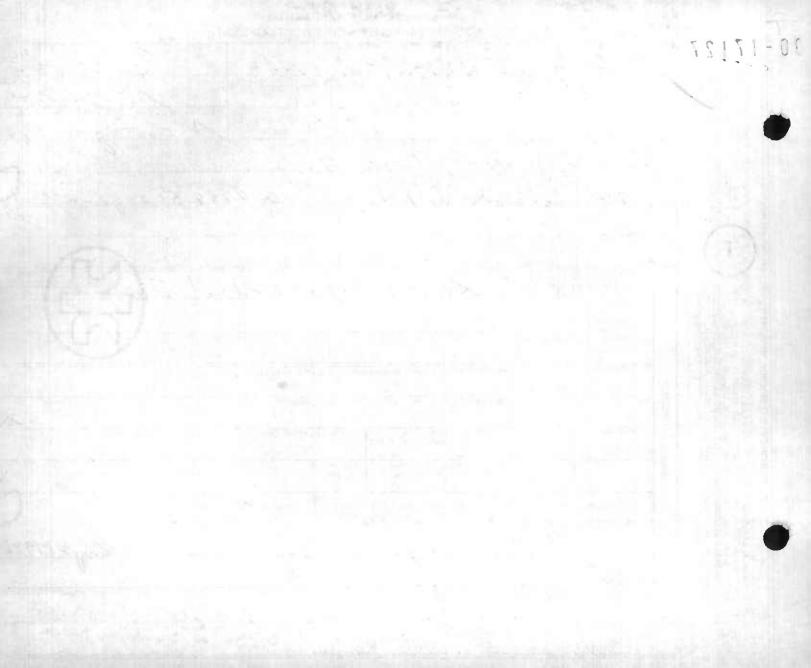


		FOR	ilmG619	9/20/86	kam EPART	STA MENT OF		AARYLAN I AND ME		TYGLEN	EO	2	3	3	0	8
0-15740		STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.												
0 0 0	CEASED NAN	NE FIRST	MIDDLE				LAST			Or	KNOWN X		1 DAY	YEAR	2b. HOUR	
EE GEST	2.00		PAUL	Lie	der	V ACT OF		BAKER				MATED L	8 HTMOM	1.3	19 8G	M
XY, PLE DIRECT NY HO NY STR	Mag	1	Cau.	5. DATE OF BIRTH	YEAR	6. AGE (IN YE LAST BIRTHD 19			HOURS	MIN.	PRONOUT DEAD	NCED	8	13	19 86	9:15 PM
- NATURE LA		RTHPLACE (STATE OR	76. CITIZEN OF WH	AT COUN		I.	ED NEV	/ER MARR	IED X	9 BALTIN	ORE CITY C				
SAN SERVICE	Ma	ryland		U.S.A.			WIDOW	/ED 🗆	DIVORC	ED 🗆		gomer				MD.
S F F F F F F F F F F F F F F F F F F F	10 C	Bethes	. /	11. NAME OF HOS	ILITY, GIVE S	TREET AOORESS)	OR OTH	ER INSTITUT	TION	FOR	JAL OCCU MOST OF WOR eman	PATION (TYP	E OF WORK	O	RINDUSTI	SINESS RY Ction
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13a S	RESIDENCE TATE ryland	131 COUN	or other institution GN ITY Ar unde 1	13c CITY	OR TOWN ewater	ON)	13d INSIDE CI	TY LIMITS?	131 5TR	EET ADDRE	ss le Whi:	ff A	ve.	2103	37
S TOTAL		ATHER'S NAM		WIDDIE		LAST		15. MOTHE			N	AIDDLE		- 11	LAST	
A S S S S S S S S S S S S S S S S S S S	Pa		Lieder			tein,		APR 1977	Tette	9				Cave	gn	
TIME PAR IN	(1)	VAS DECEASI ES, NO, OR UNKN	OWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)		CIAL SECURIT		17 INFORM		1		ADDRESS		//10		
IRS AFTI I. GIVE PAGE DIVISIO	NO					-98-25	91	Corre	tte E	saker	, San	ne as :	Line			
MAT.		PART I D	EATH WAS CALISE	nly one couse per line D BY:	, ,,,,	, , , ,								BET	PPROXIMATI WEEN ONSE	T AND DEATH
24 + TON	12	81=	IMMEDIA	TE CAUSE (o)				njurie	25							
FRESTO THIN 2 OLL IN 11 SER ALL ALL HYG REMOV.			ons, if ony, which													
MITED W. NEW YEAR YOUR TED W. NEW TROM			ise to immediate) stating the <u>under-</u> use last.	DUE TO, OR	AS A CON	ISEOUENCE	OF	200			44					
RECORDS, 2 D. BE EXECU D. PENDING" II MEDICAL E O AS A BURI CREMATIO	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to														
L REC MUD B MUD B MED AS MED AS MUD AL CR	IFICATION	190 DATE O	F OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								491	20 AUTOPSY?			
T SECRET	CERTIF	A. EVYER													YES 🔀	NO 🗌
DIVISION OF VITAL RE HIS CERTIFICATE SHOULD WRITING THE WORD. "PEL AARDED TO THE CHIEF AN AGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 21201 PROPERTO BURIAL		UNDERLYIN	G GOR ING CAUSE OF		MONTH	DAY YEAR	3					collis				
BOVISA SCERT RDED X 3 SF X 3 SF CO PRO	MEDICAL	21d INJURY WHILE	OCCURRED	2 Te PLACE C STREET, FACT	ORY, FARM, E	(AT HOME,	211. LO	CATION			CITY OR TO	wn	C	OUNTY		STATE
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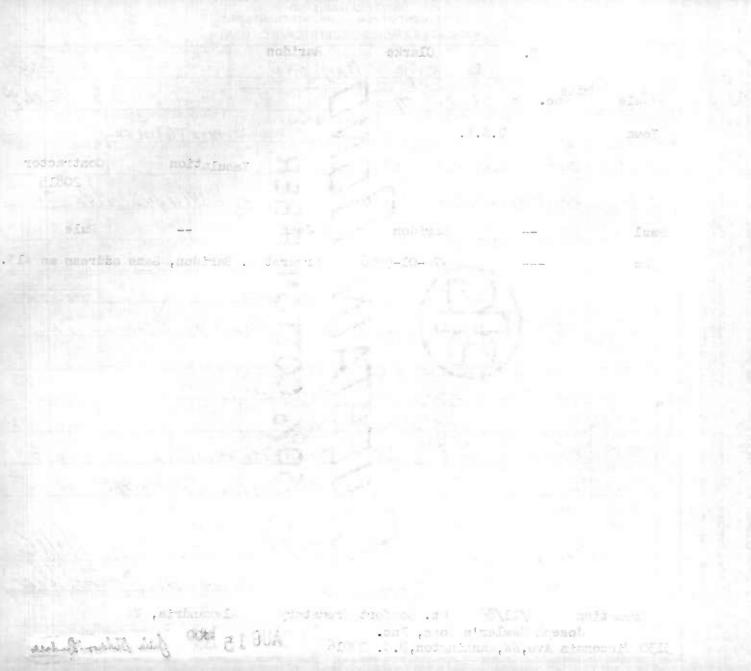


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE REGISTRAR REG. NO MIDDLE Clarke I. DECEASED NAME R. Baridon 20 DATE KNOWN D MONTH (TYPE OR PRINT) R. CLAR DEATH MATED 5. DATE OF BIRTH 3 SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED Vale DEAD auc. 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) NEVER MARRIED U.S.A. Towa ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Insulation Contractor 2081 13g. STATE 13d. INSIDE CITY LAMITS? HENY CHINER 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Rule Baridon Jean Paul 16b. SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Margaret K. Baridon, Same address as #13. 478-01-9396 CAUSE OF DEATH (Enter only one couse per line for (Q), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o ED AS A BURIAL - TRANSIT PI HEALTH AND MENTAL HYGI IL, CREMATION, OR REMOV. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which HRONIC OBSTRUCTIO gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION USED AS 19h CONDITION FOR WHICH OPERATION WAS PERFORMED RWARDED TO THE CHIEF IS PAGE 3 SHOULD BE USED STATE DEPARAMENT OF HE (), 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES [NO Z 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR, A.M. MONTH DAY PCAUSE OF DEATH PH PLACE OF INJURY 211 LOCATION AT WORK AT WORK STATE 22a I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Suicide Homicide Undetermined manner EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALLIMORE, M EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236 DATE Alexandria, VA 8/11/86 Mt. Comfort Crematory Cremation 07/84 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 25M **DHMH - 17** 5130 Wisconsin Ave, NW, Washington, D.C. 20016 (VR A15 ME (5))



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MEDICAL E ECUTE THE GG 4 SHOU FUNERAL I	4	EXAMINER'S (TYPE OR PRI	NAME Ch	arles P.	Kokes	, M.D.		ADDRESS	111 P	enn St.	, Bali	to.,	MD 21	L201
DOECUME PAGE AFTER BACIN	23a	BURIAL CREMA	TION, REMOVAL 2	3b DATE	23c. 1	NAME OF CE	METERY	OR CREMATO	PRY [23	LOCATION CITY OF TOWN				
07/84 BP		Burial		Sept/5/86	F	t. Lin	coln	Cemete		Brentwoo	d. P.	G. Cour		rvland
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖎 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH MIDDLE LAST 21 HOUR DECEASED NAME FIRS? TYPE OR PRIN August 20, 1986 6:02 AM Richard Herman Bauer 5 DATE OF BIRTH 6 AGE [IN YEARS LAST BIRTHDAY] IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 3 SEX September 19,1899 Male Caucasian 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE I STATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY Illinois United States Montgomery County DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 125 KIND OF BUSIN 35 OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Professor of Ofking LIFE) INDUSTRYMaryland Bethesda Suburban Hospital story -PhD University USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130, STATE 1136, COUNTY 1137, CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 509 Mannakee Street YES X NO | 20850 Maryland Montgomery Rockville 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST Not Available Bauer Ernest 17 INFORMANT (Son) ADDRESS 509 Mannakee Street 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES GIVE WAR OR DATES) IYES: NO OR UNKNOWN) Richard Harris Bauer Rockville, Maryland 219-36-8611 Yes WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [YES 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM 18 PART FOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY, OFFICE FARM ETC) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 221 DATE SIGNED 226 SIGNATURE MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

August 22

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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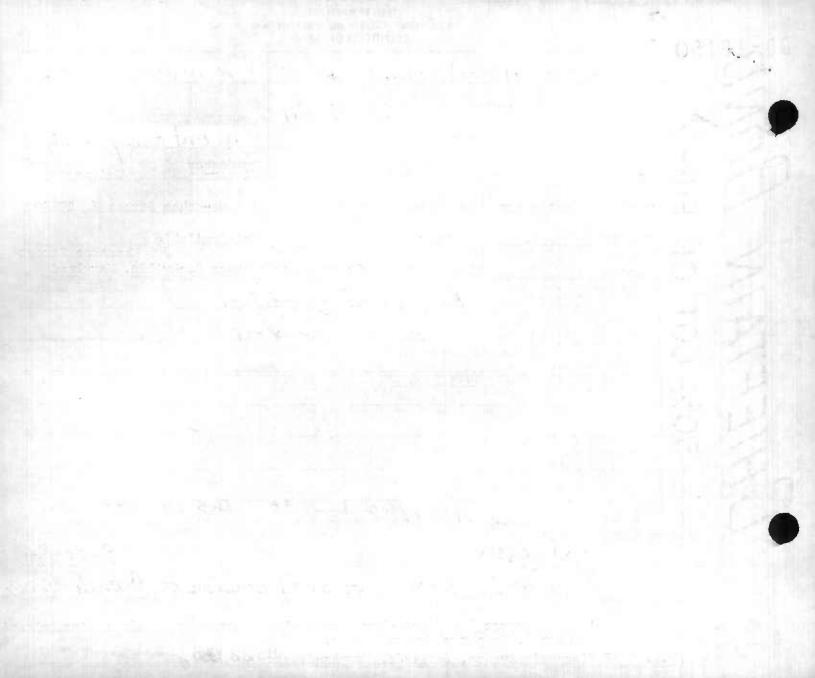
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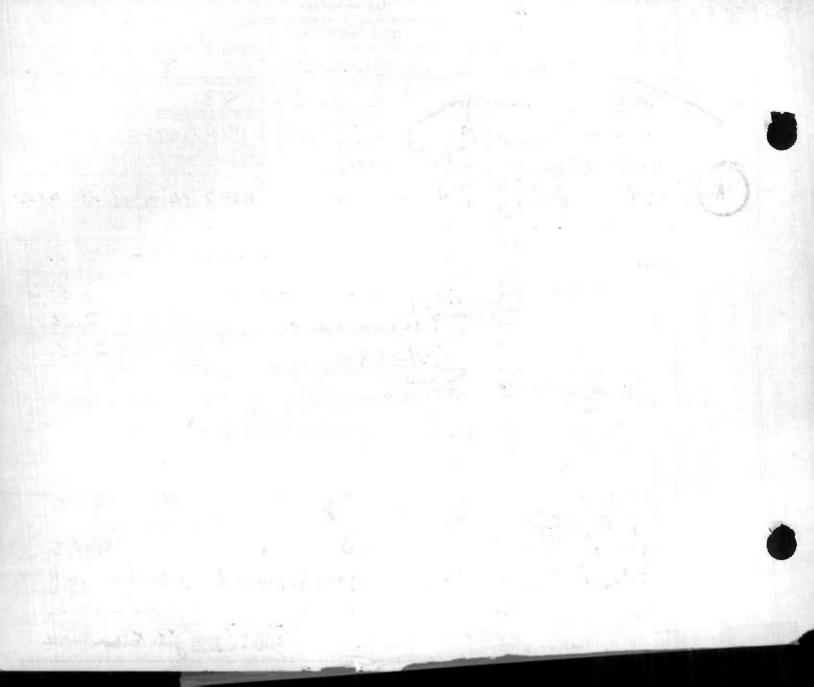
24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 7557 Wisconsin Avenue, Bethesda, Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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0-17674	L	FOR STATE REGISTRAR		CERTIFI	FOR MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	23314
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d ded	1	JOHN SEX	4. RACE	AUME IS	STER, JR.	6. AGE (IN YEARS LAST BIRTH	ST 21, 1986 5:07 pm
- 25		ALE	CAUCASIAN	MONTH		74	MONTHS DAYS HOURS MIN.
2 47		BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.		9. BALTIMORE CITY OR	YRS. COUNTY OF DEATH
11 9	F	LORIDA	UNITED STATES	MARRIED	NEVER MARRIED	MONTGOMERY	MD.
of the last		CITY OR TOWN OF DEATH ETHESDA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NAVAL HOSPITAL	IG HOME O		120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF RETIRED	
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	2 <u>Y</u>	ES 1936-			BLANCHE E. B.	AUMEISTER, A	RLINGTON, VA 22152 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
GECORDS, 201 W. PRESTON ST., B low requires that the death certifical is been signed by the othersing physical remain. Then please remove corbest part explorate by build, cremation, or remove sany migray, or ather traumatic event.	CERTIFICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	All one cause per line for (a), (b), and D BY: TE CAUSE (a) RESPIRATO DUE TO, OR AS A CONSEOUS (b) WIDELY DI DUE TO, OR AS A CONSEOUS (c) CONDITIONS CONTRIBUTING TO	ENCE OF SSEMI	NATED METASTA	CARCING	EAL DMA
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CTOR AF	-	saw the deceased alive on abave, (I) (we) (did) (did no	tal) attended the deceased from 21 AUG 19 E	15 AU		, to21_AUC death accurred on the dat	te and hour and from the couses stated
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TO HOS estament Medical MPORT	22	E. P. FOX, LT,		LAME OF C	EMETERY OR CREMATORY	Trad REGION ,	, BETHESDA, MD 20814
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0000	0	23a. B	URIAL CREMATION	REMOVAL				EMETERY OR	CREMATORY m.Park	23d. LOCATIO	own OOO COUR	COUNTY	kansas	
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STATE OF MARYLAND

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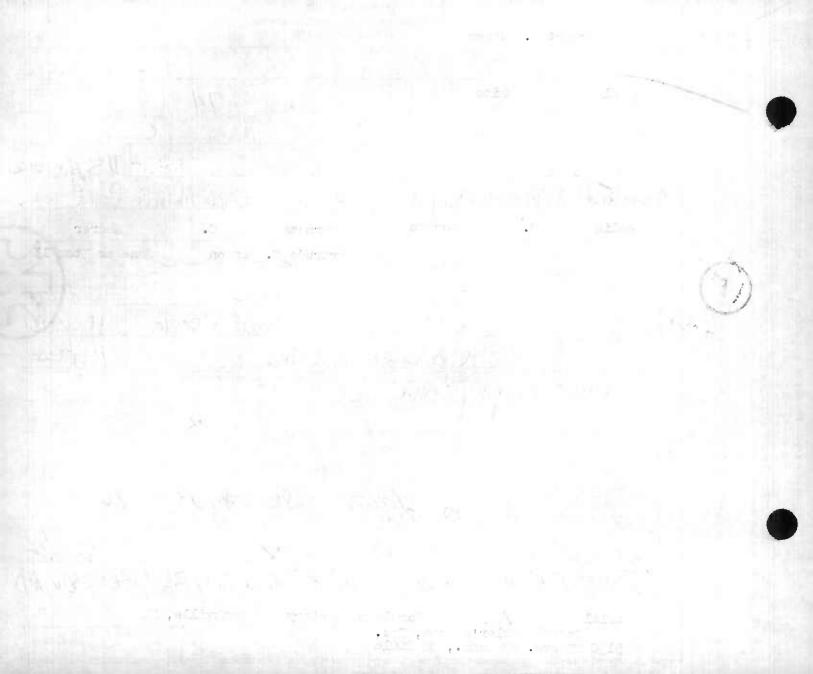
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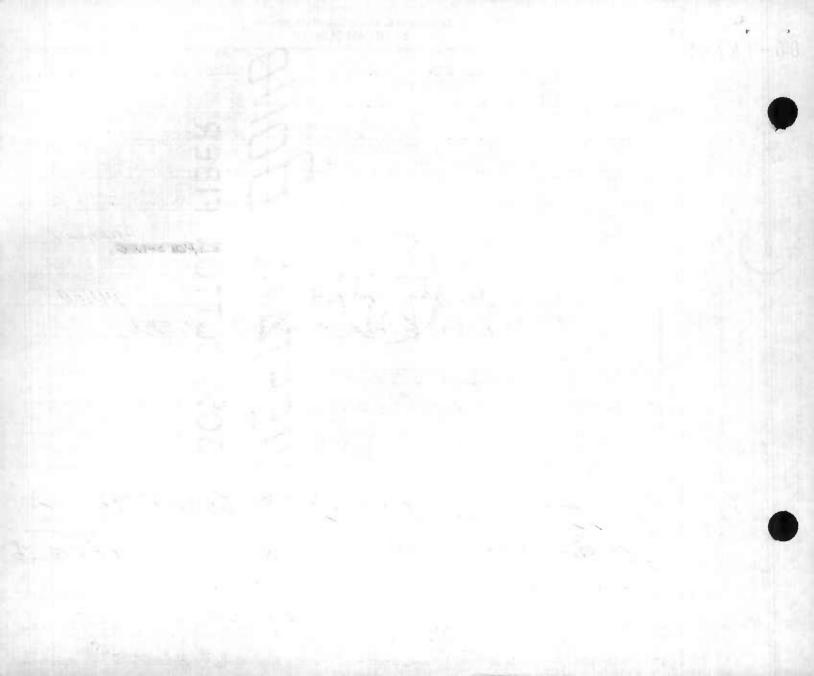
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DHMH - 16 60M 7/84 (VRA 15, 4)



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH . DECEASED NAME 2h HOUR (TYPE OR PRINT) Frances à Wen 4 RACE 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Jan's 19 PAY 1916AR Female White 70 IS BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Montgomery Lexington, VA WIDOWED DIVORCED [18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Own Home Washington Adventist Hospital Takoma Park Home-maker 131 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 15 N. Carol Street Maryland Ann Arundel Laurel FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Hattie FOX Richard Fox Ide. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT 15 N. Carol (YES, NO OR UNKNOWN) LIFYES, GIVE WAR OR DATEST 577-24-5373 William S. Blanchard, Jr. Laurel, MD no 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last BEHATED TO THE TERMIN ALDISEASE OR CONDITION GIVEN IN PART 100 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [218 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d IN JURY OCCURRED 211. LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 27x.1 certify that mur) apinion death occurred on the date on have and I am the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN' DIRECTOR PHYSICIAN 23a BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 73b. DATE Removal, Cremation 8/30/86 Metropolitan Crematory Alexandria 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 Green Funeral Home, Herndon, Virginia (VRA 15, 4)

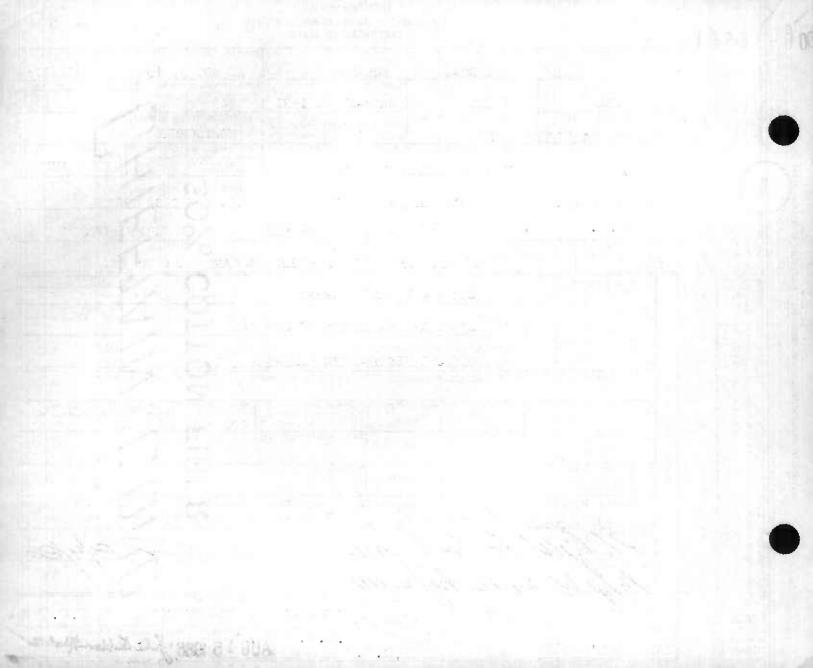
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 75 HOUR THE CHARGOTT 30 86 MARU 11nutt BLEDSOE IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 1 SEX MONTH VEAR Caucasian September 27,1910 Female TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland United States WIDOWEDXX Montgomery County. DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 176. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Shady GROVE Adventist Rockville. Homemaker Own Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS Zip: 20906 136 COUNTY 136. INSIDE CITY LIMITS? 13c CITY OR TOWN Montgomery Silver Spring YES | NO X 3215 S. Leisure World Blvd. Maryland & FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert W. Allnutt Alice Thomas ADDRESS 8001 Aladdin Dr. the WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) Nelva B. Kerschner, Daughter, Laurel, MD. 053-38-9882 No APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per Jupe for 194, (b), and ic PART I. DEATH WAS CAUSED BY: 3 delle IMMEDIATE CAUSE 19) DUE TO, OR ASTA CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 pellerena. 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YESX YES X NO F 71g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 21d. INJURY OCCURRED 21s PLACE OF INJURY COUNTY STATE CITY OR TOWN AT HOME STREET, FACTORY OFFICE FARM ETC) NOT WHILE 22a. I certify that (I) (this hospital) attempted the deceased fram, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 220 DAJE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL / 23b. DATE 23d. LOC ATION August 23c. NAME OF CEMETERY OR CREMATORY Virginia Metropolitan Crematory Alexandria Cremation 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 wha Davidson fandales P.A., 300 W. Montgomery Ave., Rockville, MD. (VRA 15, 4)

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00-16599	1 05	REGISTRAR FIRST		WIDDLE		ST ST	REG. NO 2a DATE OF DEATH		YEAR 2b. HOUR		
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· · · · · · · · · · · · · · · · · · ·	14 EA	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	WIDDLE		LAST		
¥ 2 16/6/0		Benjamin	P.	Bloc		Alice	C.		Watson		
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A SET		18 CAUSE OF DEATH (Enter	anly ane cause pe	r line far (a), (b), an	dic				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
The second		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (a)	Respirat	ory F	ailure					
N ce ding				OR AS A CONSEQUE	ENCE OF						
STO Trend		Canditions, il any, which	(b)	Cancer o		Lung		THE LEW			
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\$ 5 A		underlying cause last.	(5)	OK AS A CONSCOOL	LIVEL OI						
2 2 2 2 2 3		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(a		
A Party of the Par	20										
8 111177	'AT	190 DATE OF OPERATION	DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORME						YES, WERE FINDINGS USED		
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DIVISION OF VITAL ING PHYSICIAN: The other this certification os the buriol-from the and Mentol Hygiorked or frem 18 shorted or	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216 TIME		AW WE 65	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OF	PART 2)		
SICIAN; ng phys certifica certifica certifical tree entol Hy them 18		OR CONTRIBUTING CAUSE OF	DEATH	lm, month d. P.m.	AY YEAR						
PHYSIC ending this cere buried and Men dor the	MEDICAL	216 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	WN CC	DUNTY STATE		
VISK G PH offen offen offen ked of	AE.	WHILE NOT WHILE	(AT HOME S	TREET, FACTORY, OFFICE I	FARM, ETC)	STREET	CITTORTO	W/d	STATE		
DIN Or o After Se os se os softh mork		AT WORK AT WORK	spital) attended t	he deceased from -	April	10 86	August	20 19 8	6 that (I) (we) lost		
		220.1 certify that (1) (this ho saw the deceased alive	an August	20, 198	36	nd that in (my) (aur) apınıan	death occurred on the de	ate and have and l			
R ATTEN Hospital RECTOR hed for u		above, (1) (we) (did) (did	not) view the bad	y alter deoth.		DEGREE		2	20 DATE SIGNED		
the h the h toche e Dep		1 mull 1	1110 (1	1 1		ATTENDING •	MEDICAL STA	FF	Aug. 20, 1986		
Y the det		224 PHYSICIAN'S NAME (TYP	MUL	5		22e ADDRESS	ADIRECTOR PHYSIC	IAN	Aug. 20, 1900		
HOSPI HEAD STANKE HIRE S				0			Ohn Deada	- Consent	-1+ ND 00770		
# 1 2 2 4 W		Dr. Martin I						e Greenb	elt, MD 20770		
2:	23a.	BURIAL, CREMATION, REMOV	AL 736 DATE	C. S. S. C.		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cour	NEY STATE		
BP		Burial	1, 400 25			d Veterans Ce	m Cheltenha	m, Pr. G	eorge's, MD		
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTO	HILLANDS	6000 Anne			'E REC'D. BY REGISTRAR	250 REGISTRAR'S	SIGNATURE		
(VRA 15, 4)	Be	all Funeral Ho	me I	Bowie, MD	2071	5-3043 AU	628 1986 .	Tiana. Trans			

30:3 COLUMN TAXABLE Minute Point well a devotored them for the contract of the point of the contract of the contra Margiaga Ir. Config. o sealer oz control con Euck Bond of 20105 in solide decide MYCOS GM , silityetteri mould al abrest DO:- U-co. II ge . Ear ration resembles AUE. 20, 1986 JUN 25,150s Muryland V. o rans Com. Chaltenhom, Pr. Goorge's, Mil No Health state and tome a Rowse, No. 20735-3043 - AUS M 8 1998 Intel Senson Aprent.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR TYPE OF PRINTS BOBBY BOLAND AUGUST 8, 1986 11:17am EUGENE 5. DATE OF BIRTH 3. SEX 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR JANUARY 6, 1937 MALE WHITE BRITHPLACE ESTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED MONTGOMERY USA WIDOWED DIVORCED [SOUTH CAROLINA 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY SEAMAN US NAVY BETHESDA NIH. THE CLINICAL CENTER STATE 136 COUNTY 136. CITY OR TOWN STATE 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE YES T NO BOX 213/ 29692 SOUTH CAROL WARESHOALS P.O. 15 MOTHER'S MAIDEN NAME & FATHER'S NAME BOLAND BREWINGTON FRANCES ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES. NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 250-54-8754 MRS. MARLENE BOLAND SAME AS PT. YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (PART I DEATH WAS CAUSED BY CARDIOPULMONARY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BILATERAL BACTERIAL PNEUMONIA Canditians, if any, which gove rise to immediate course (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIFFUSE HISTIOCYTIC LYMPHOMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YESXX NO [21s ACCEENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR ON CONTRIBUTING TO CAUSE OF DEATH CHRISTINE NOTIFY WEDICAL EXAMINES PM 19 THE INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) THE TOTAL CONTRACTOR TA 220.1 certify that XI) (this haspital) attended the deceased fram JULY 8 AUGUST 10 86 10 86 _19__86__, and that in (**Xy**) (aur) apinian death accurred an the date and haur and fram the causes stated AUGUST 8 DEGREE 22c DATE SIGNE ATTENDING MEDICAL STAFF PHYSICIAN [DIRECTOR PHYSICIAN P 22e ADDRESS 73s BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236 DATE 8/9/86 REMOVAL GREENWOOD MEM PARK OAKBROOK 421.7 9TH ST. N. W. 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN 14. FUNERAL DIRECTOR - 1.6" ADM: 7./BJ MARSHALL'S FUNERAL HOME (VRA 15, 4) WASH.D.C.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

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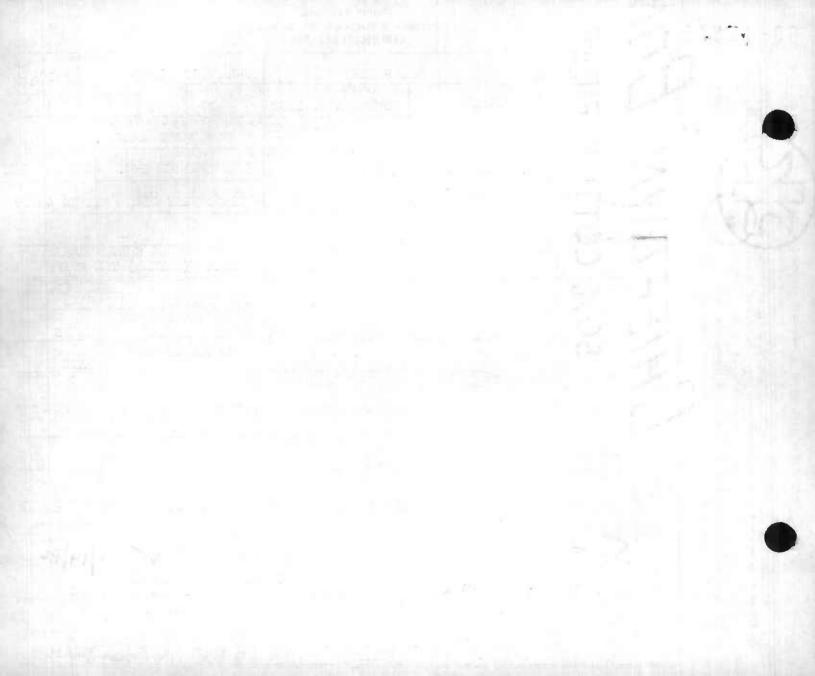
REGISTRAR		CERT	IFICATE OF DEATH	REG. NO).		
I. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH		EAR 26 HOUR	
(TYPE OR PRINT)	MOSHE	BORENS	TEIN	AUGUST 13,	1986	5:30A	
3 SEX MALE	4. RACE WH 1		E OF BIRTH VEMBER 6, 1952	6 AGE (IN YEARS LAST BIRT	MONTHS		
70 BIRTHPLACE (STATE OR FO		THE PART COLLEGE PART OF THE P		9 BALTIMORE CITY O	R COUNTY OF DEA	TH	
POLAND	ISRAE		RIED NEVER MARRIED 🛣	MONTGOME	RY COUNTY	,	
BETHESDA		HOSPITAL, NURSING HOME CAL CENTER (N		FIELD SERV	CE ENG INDU	ELSINT,	
USUAL RESIDENCE (IF NURSI 130 STATE MICHIGAN	N HOW OF CHIEF INSTITUTION	OAK PARK	N) 13d. INSIDE CITY LIMITS? YES NO	13e SIREET ADDRESS S	T' NÎNE MI	LE RD 482	
SLOWS SHLOWS	MIDDLE	BORENSTEIN	IS MOTHER'S MAIDEN NA	WIDDLE	UNKNO		
160 WAS DECEASED EVER (YES NO OR UNKNOWN) NO	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	334-74-4745	MR. SLOMO BO	ORENSTEIN (F	ATHER) TE	L AVIV,	
18 CAUSE OF DEATH PART I. DEATH W.	I (Enter only one cause pe AS CAUSED BY:	SEPSIS SECONI	DARY TO LEFT PY	YELONEPHRITI	138	PPROXIMATE SHALL WEEN ONSET AND DEATH	
Conditions, if any,	DUE TO, C	OR AS A CONSEQUENCE OF		PANCREA	S	YEARS	
gove rise to imm cause (a), stating underlying cause	ediate DUE TO, C	OR AS A CONSEQUENCE OF	L. LOWER LOBI	E ATELECLASI		DAYS	
			UT NOT RELATED TO THE TERA	Guide			
190. DATE OF OPERAT	ION 196 CONE	DITION FOR WHICH OPERAT	ION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	NG CAUSES OF DEATH?	
On COLUMNIA TURE C	AUSE OF DEATH HOUR A	OF INJURY A.M. MONTH DAY YEA P.M. 19		RED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR PA	RT 2)	
(IF EITHER NOTIFY MEDIC WHILE NOTIFY MEDIC WHILE NOTIFY MEDIC WHILE NOTIFY MEDIC AT WORK	LE CAT HOME S	OF INJURY TREET, FACTORY, OFFICE FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn COUN	TY STATE	
220 certify that (X) saw the decease	this hospital) attended to dive on AUG. di (NA) view the bod	he deceased from JULY 13, 19 86	and that in Xiy) (aur) opinion		. 17	, mor (22 (we) to	
226. SIGNATURE	The state of the s	, one deem	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F V/	DATE SIGNED	
22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)	M.D.	MATIONAL IN CLINICAL CEN	STITUTES OF NTER, BETHES	HEALTH SDA, MD 2	0892	
BURTAL/REMOVA			CEMETERY OR CREMATORY	23d LOCATION TEL AVI	V, ISRAEL	STATE	
24 FUNERAL DIRECTOR	SOLO DETERRE	CTOWN DD DA	TTO MD [25a DA1	TE REC'D. BY REGISTRAR	25h REGISTRAR'S SIG	GNATURE	

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After

MPORTANT: If them 21 is marked or them 18 shows any

SOL LEVINSON & BROS. (21215)



TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	FOR - STATE REGISTRAR		DEPARTA	J 0	0						
		CEASED NAME FIRST		MIDDLE		AST	REG. N 20 DATE OF DEATH August 17	MONTH DA	AY YEAR	26 HOUR 8:30 P		
	1. SE)	Carlos	4 RACE		Borge S. DATE C		6. AGE (IN YEARS LAST BI		F UNDER 1 YEAR	IF UNDER 24 HRS		
0	1. 36.	Male	White		Oct	DAY YEAR	66		ONTHS DAYS	HOURS MIN.		
5	(IRTHPLACE (STATE OR FOREIGN COUNTRY) Costa Rica	U. S.	A.	MARRIE WIDOWE	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY O		OF DEATH	MD		
0	F	ROCKVILLE	1 3905	Marianna	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Civil Eng	OF WORKING LIFE!	INDUSTRY	neering		
5	130 S	AL RESIDENCE (IF NURSING HOME O STATE 136 COU MD Mont	ROTHER INSTITUTION NTY GOMETY	GIVE RESIDENCE BEFORE 130. CITY OR TOW ROCKVIL	ADMISSION) N Le	134. INSIDE CITY LIMITS?	13e STREET ADDRESS 13905 Mar	/ ZIP CODE	Drive	253		
		ATHER'S NAME Agamenon	WIDDIE	Borge		15. MOTHER'S MAIDEN NA/	ME MIDDLE Luisa		LAS	Calvo		
		NAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	089-24-09		Margaret I.	Borge Ro	505 Mai	rianna , MD	Drive 20853		
200		IB CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)		8 months								
		Conditions, if ony, which gove rise to immediate		8 mo	nths							
		cause (a), stating the underlying cause last.		8 months								
	NO	PART 2. OTHER SIGNIFICANT Anemia	CONDITIONS C	ONTRIBUTING TO D	NOT RELATED TO THE TERM	INAL DISEASE OR COM	IDITION GIVE	N IN PART 1	o			
2	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	OF DEATH?				
7	15/02/93	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	RT 1 OR PART 2)	7		
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE			21f. LOCATION STREET		CITY OR TOWN COUNTY STATE August 17. 86				
		22a. I certify that (I) (this hap	1	7 ceased from 8	6	nd that in (my) (aur) apinion of		, 19		that (1) (we) last		
		obove, (I) (we) (did) (did n	100	offer death.	5	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		221. DATE SIGNED 8/18/86			
/		Dal You				22. ADDRESS 1140 Varnum &			, D.C.			
	(BURIAL, CREMATION, REMOVAI (SPECIFY) Cremation	23b. DATE 8/18/8	6 Mt.	Com	emetery or crematory fort Crematory			COUNTY	VA STATE		
		uneral director seph Gawler's	Sons	5130 WT A	ve. I	1 . 11 .	G 2 2 1986	25b. REGISTR				

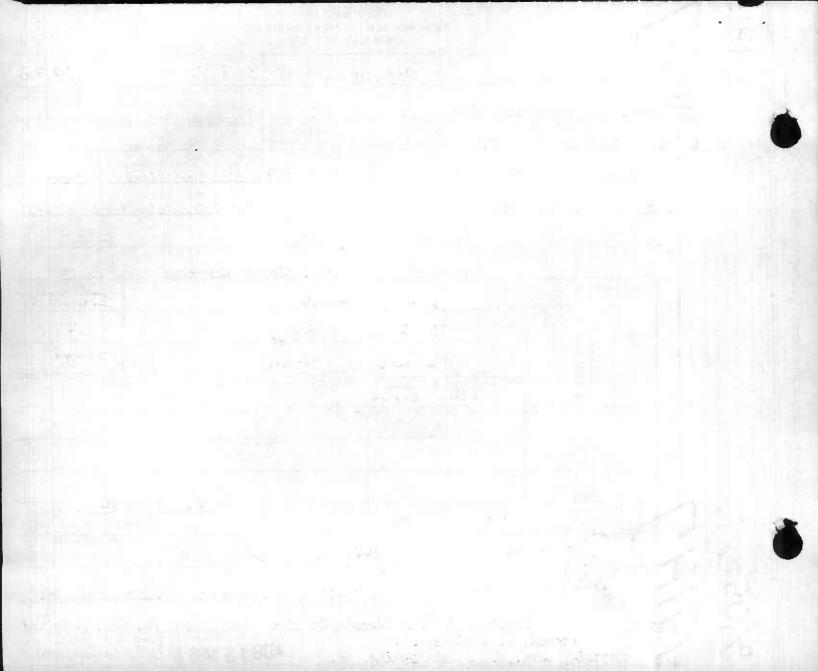
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH MONTH YEAR LITYPE OR PRINTS Edward NM 86 22 DWMAN 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTH DAYS Male Negro 1914 Mav TO BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia Montgomery American WIDOWED DIVORCED TO CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY U.S. TYPE OF WORK FOR MOST OF WORKING LIFE! Rockville GROVE Adventist Supervisor Postal Serv. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 113h COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Clarksburg YES T NO 120 School Stree Virgini 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Bowman Edna William Williams ADDRESS 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? HE YES, GIVE WAR OR DATEST Cynthia Lynn Bowman Yes Item 13 232-24-3262 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ OR AS A CONSEQUENCE OF EOR pulmonale Conditions, if any, which gave rise to immediate cause (p), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 4000) evere Emphysema PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG Danidle Branch block 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 90 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Denkin Prostatic NOF YES [NO F 210 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. and that in (my) (pur) opinion death accurred an the date and haur and from the couses stated obove. (II (live) (did) (did not) view the body after death 27h SIGNATURE DEGREE 22c. DATE/SIGNED PHYSICIAN PO DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TITH CRIME 22e ADDRESS should be with the IMPORTA KATNER MARK 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (SPECIFY) CITY OF TOWN 8/25/1986 | Stonewall Park Burial Clarksburg Harrison 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 Olin L. Molesworth, P.A., Damascus, Md. (VRA 15, 4)

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1	3 3 4 4			REGISTRAR				CEKTIF	ICATE OF DE	AIH	REG.	NO.		
			1. DEC	EASED NAME	FIRST		WIDDLE	l	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
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	page er deat	40	3. SE)			RACE		5. DATE C	OF 8 IRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	offe.		3. 00.					MONTH		YEAR			MONTHS DAYS	HOURS MIN.
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	2 20	3/0		RTHPLACE (STATE OR FO	REIGN 7	b. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MA	ARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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1	24	32		Y OR TOWN OF DEAT			HOSPITAL, NURSIN		OR OTHER INSTIT	TUTION	Mo 120 USUAL OCCUPA			OF BUSINESS OR
6	t d	彭上	Da	ckville		SHAT	CH FACHITY, GIVE STREET	- AT	VENTIS	TH14	CTYPE OF WORK FOR MOS			0
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DH	IMH - 16 50M 4	/83	24. FU	NERAL DIRECTOR	Franc	is J. (Collins	Jr.			REC'D. BY REGISTRA	1 0. 1	r ~	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR LTYPE OR PRINTS DEER 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Caucasian BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington D WIDOWEDTY DIVORCED | Mantgamery NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Traffic Analyst Tabama Parb Navy Department Washington Adventist Hospital 13a. STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Maruland Mantaameru Silver Spring 503 Manshield Road 20910 IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME ALIDDLE FIRST Clarb Tohn Bradshaw Clara ADDRESS 12300 Remmington Dr. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Son (IF YES, GIVE WAR OR DATES) Bradshaw Silver Spring Md VOX 577-44-8434 Harold R APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per like for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: arrest valo respirator IMMEDIATE CAUSE IO AS A CONSEQUENCE OF disorder 100tobe Conditions, if ony, which gave rise to immediate couse (a), stating dia lastes insiplati underlying couse DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 disbase bream vascular 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. LIF EITHER NOTHEY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY I AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did At) view the body after death 226. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING / MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS NEW HAMPSHIRE CHARLES BENNER UD MD SILVER SPRING, 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY [SPECIFY] STATE Aug. 12, 1986 Prospect Hill Cemetery Washington. Burial 24. FUNERAL DIRECTOR Francis J. Collinsogres Jr. DHMH - 16 60M 7/B4 Helin Devidon Bondelle (VRA 15, 4) 500 University Blud. W. Silver Spring.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-1575 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) DEATH MATED 8/ 8/ 10 86 Stacey Marie Bragg 4 RACE IE UNDER 24 HRS DATE PirqArom PRONOUNCED DEAD 1986 female. White AN TA RIPTHPI ACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X EOREIGN COUNTRY Washington D.C. Montgomery County, United States DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY 5027 Bradley Blvd. Bethesda Student Education USUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION | 13d INSIDE (ITY LIMITS? | 13e STREET ADDRESS 5761 Harwich Court YES X NO | Alexandria, Virginia 22311 COUNTY Virginia Alexandria 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME E. 24 HOURS AFTER DEA ITEM 18. GIVE PAGES MONG WITH FORM P PERMIT. PAGES 1 AN IGENE, DIVISION OF Bragg Debbie Kzirian-Awamleh 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. Debbie Kzirian-Awamleh 5761 Harwich (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 567-57-6101 Court Alexandria, Virginia 22311 (Mother) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot Wound to Head AND MENTAL HYGIEN DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES TX NO T 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY 8/ 8/ 19 86 self inflicted wound CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE 5027 Bradley Blvd., Bethesda, Montg., Md. AT WORK home TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STIF BALTIMORE, MARYLAND, 2' Autopsy X 220 I certify that I took charge of the remains described above, held an Suicide X Undetermined monner death resulted from: Notural couses TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 8/9/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. 23d LOCATION National Memorial Park Falls Church Virginia Burial BP Robert A. Pumphrey Funeral Homes PA 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH** 2 17 AUG (VR A15 ME (5)) 7557 Wisconsin Avenue Bethesda, Maryland 20814

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE CIRPENIL) illian 1 SEX 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH BIRTHPLACE L CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** I STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED [CITY OR TOWN OF DEATH 13e.STREET ADDRESS / ZIP CODI 15 MOTHER'S MAIDEN NAME MIDDLE UNKNOWN U.S. ARMED FORCES? Michael Broderick/10911 Amherst Ave Silver Spring, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO F 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY ? It. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 1B PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME STREET FACTORY, OFFICE FARM ETC | CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 6. and that in (my) (our) opinion death occurre on the date and hour and from the causes stated saw the deceased alive an_ bave, (1) (we) (did) (did not view the bady after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN NAME TTYPE OF PRINTS 22e ADDRESS 620 1 Greenhelt Rd Callege Ph Mi KAJINDRA 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY (SPECIBurial Clinton, 8-7-86 Resurrection Cem 24 FUNERAL DIRECTOR Rendon/Hale Lanham Funeral Home DATE REC'D. BY REGISTRA DHMH - 16 60M 7/84 9013 Annapolis Road, Lanham, MD 20706 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

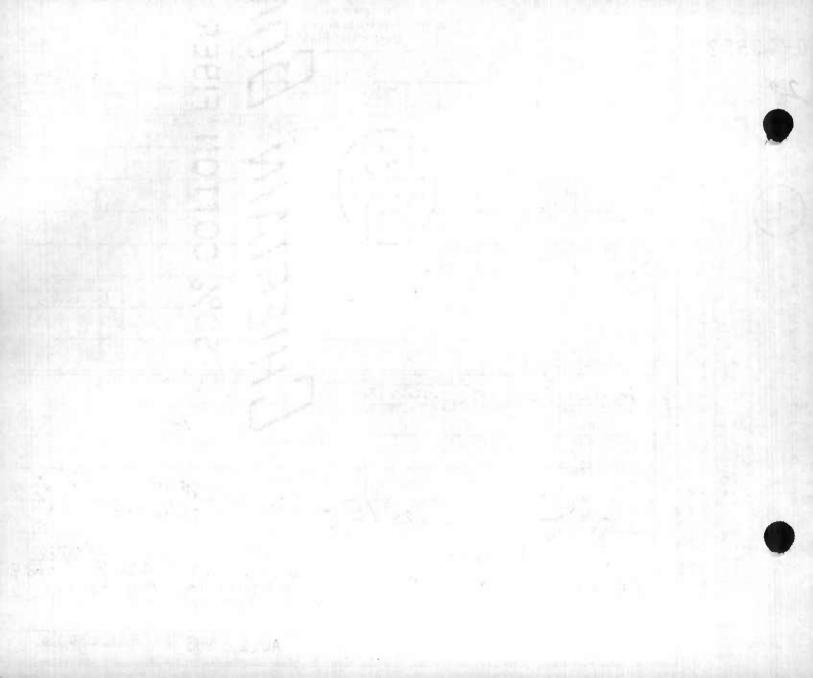
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Balto., Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR I. DECEASED NAME 2a. DATE KNOWN W MONTH (TYPE OR PRINT) OF ESTIromson HUNRIETT 19 2d HOUR SEX IF UNDER 24 HRS DATE PRONOUNCED 8:17 Nov.16, 1895 DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. New York DIVORCED TOOMPY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Bethesda Suburban Hospital Homemaker ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Rockville. Marvland Montgomery YEST NO [6121 Montrose Road (20852) 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Samue1 Reich (Unknown) Fannie DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDR Derwood, Md. DIVISION Andrew Flacks; Nephew; 7004 Needwood Rd. 059-09-3915 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY F HEALTH AND MENTAL HYGIENE, AL. CREMATION, OR REMOVAL. Cardio Respiratory IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which arteriosclerocis COCONORY gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 USED AS 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E, WRITH RWARDED TO THE REPACE 3 SHOULD BE USE! E STATE DEPARTMENT OF I YES 🗌 NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC.I CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FOKW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains_described obave, held an Autopsy Inspection ond in my opinion Natural causes death resulted from: Undetermined monner TITLE (SPECIFY ACTUAL SEGNATURE MEDICAL EXAMINER EXAMINER'S NAME WISCONSIN (TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION COUNTY New York Mt. Hope Cemetery; Hastings on the Hudson; Westchester
MEMORIAL CHAPELS

ALIG 20186 Buria] 8/19/86 07/84 25M 24 FUNERAL DIRECTO DANZANSKY-GOLDBERG MEMORIAL CHAPELS DHMH - 17 1170 Rockville Pike; Rockville, Md. 20852 (VR A15 ME (5))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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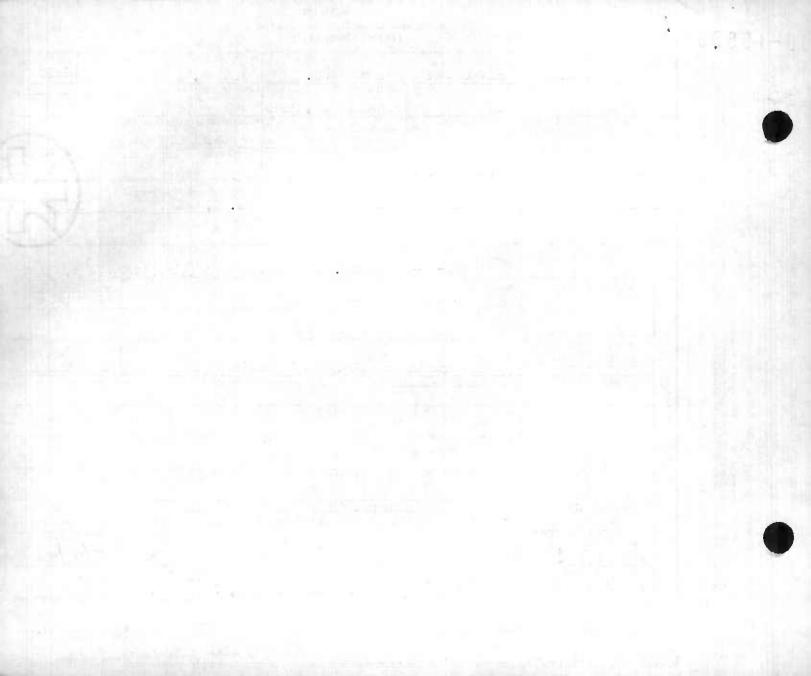
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FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

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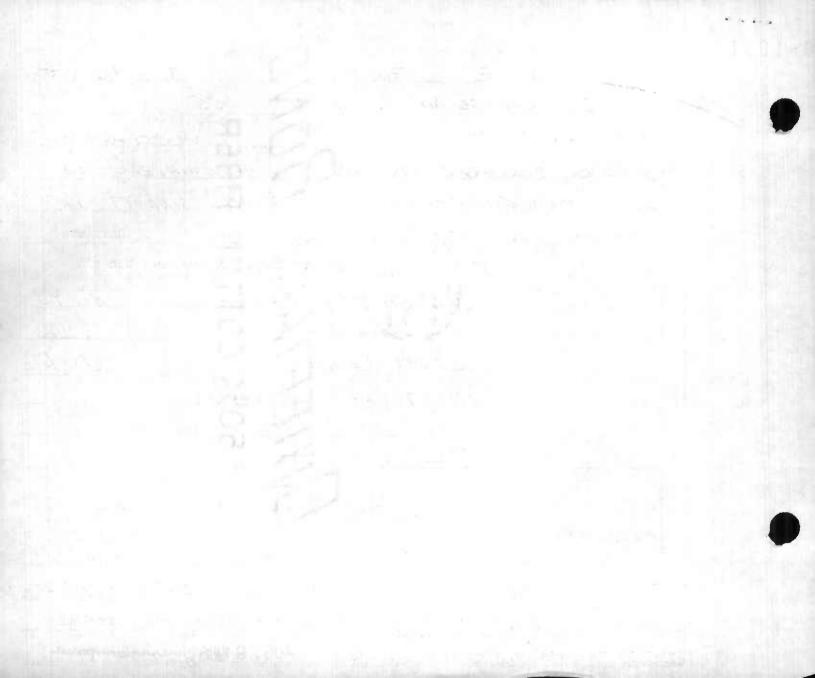
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7 7 DHMH - 76 60M 7/84	24 FUNERAL DIR			ADDRESS			ZSO DAI	6 1986	/		
(VRA 15, 4)	Jones Fu	neral Hom	e, Winc	hester, V	a., 2	2601	ohr 1	0 1000	guya Na	ordern. Ran	loss



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH TYPE OR PRINT MAY ITERA 58X 6. AGE (IN YEARS LAST BIRTHDAY) YEAR BALTIMORE CITY OR COUNTY OF DEATH United States Washington, D.C. MONTGOMETU CO. MD DIVORCED EWORK FOR MOST OF WORKING LIFE) OMEWAKER own home 13e STREET ADDRESS / ZIP CODE 20817 BETHESDA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Carriere Cullinane Marie Jeremiah 166 SOCIAL SECURITY NO 17 INFORMANT Robert D. Brown, Jr Husband, see #13 578 38 9006 no 18 CAUSE OF DEATH Enter only one couse per line for ym. (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF NEUMIONIA Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME STREET, FACTORY OFFICE, FARM ETC) NOT WHILE 22a t certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 226. SIGN 4144 DEGREE 22c. DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Aug. 30,1986 Gate of Heaven Cemetery Silver Spring, Maryland Buria1 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, DHMH - 16 60M 7/84 who Daydon Jandelle (VRA 15, 4) PA 7557 Wisconsin Av., Bethesda, Md. 20814



- STATE REGISTRAR

(TYPE OR PRINT)

Olney

Maryland

13a STATE

3 SEX

I. DECEASED NAME

Female

10. CITY OR TOWN OF DEATH

STATE OF MARYLAND DEPA

RTMENT OF HEALTH AND MENTAL HY	GIENE		
CERTIFICATE OF DEATH	63	C	
			KI

20 DATE OF DEATH 2b. HOUR RUTH SYLVIA BUCKSTEIN August 1986 3:30a.M 4. RACE 5. DATE OF BIRTH Oct. 9, 1916 White 69 To BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH New York

MARRIED NEVER MARRIED U.S.A. WIDOWED X DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Montgomery

Olney CITY OR TOWN

136 COUNTY

Montgomery

General Hospital

YES X

126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Business Woman (Ret.) Camera

13. STREET ADDRESS / ZIP CODE 2426 Westminster Drive (20832)

14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Ida Katzman Benjamin Pincus 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (IF YES, GIVE WAR OR DATES)

13d. INSIDE CITY LIMITS?

NO [

110		1002-10-4045	Stephen buckstem;	, 2420 Wesulm	ister brive;
	DEATH (Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (a), (b), and (c).) Respir	itory Acres		BETWEEN ONSET AND DEATH
Conditions, if	ony, which (16)), OR AS A CONSEQUENCE OF	pulmon.le		GYR.
gave rise to cause (a), underlying o	stating the DUE TO	O, OR AS A CONSEQUENCE OF			18 yr.
DADE O CTUED	CICLUSIS IX COLUDIZIONIS	COLUMN TO TO DELTIL			

	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUT		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
				YES 🗌	NO	YES	NO 🗆	
1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	ENTER N	ATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	(2)	

HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OF TOWN COUNTY STATE

Jon. 220.1 certify that (1) (this hospital) attended the deceased from Aug . 20 sow the deceased alive on. and that in (my) (aur) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING THEORET STAFF mon 8-21-1986

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

Frederick Rd; Gaithersburg, Md.

FRANK J. MAYO, M.D. 23a BURIAL, CREMATION, REMOVAL

NOT WHILE

Buria1

23¢ NAME OF CEMETERY OR CREMATORY Riverside Cemetery

23d LOCATION Rochelle Park, New Jersey

24 FUNERAL DIRECTORDANZANSKY-COLDBERG MEMORIAL CHAPELS 1170 Rockville Pike; Rockville, Md. 20852

8/22/86

FUNERAL the 0 DHMH - 16 60M 7/B4 (VRA 15, 4)

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	11.	STATE REGISTRAR			DEFARIA	CERTIFICATE O		0	EG. NO.		, 5
		CEASED NAME	FIRST		MIDDLE	LAST		20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
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you go	3. SE			4. RACE	- 0.55	5. DATE OF BIRTH		6. AGE (IN YEARS		IF UNDER 1 YEAR	IF UNDER 24 HRS
ge 4 un softu		Female		Wb	nite	July 6	1913		73 YRS.	MONTHS DAYS	HOURS MIN.
Pool of Pool		RTHPLACE (STATE OR F	FOREIGN	76 CITIZENO	F WHAT COUNTRY?	MARRIED NEV	ER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
nero nero		Pa.		U.	S.A.	WIDOWED	DIVORCED [Mo	ntgomer	y _ M
2 2 H	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF		G HOME OR OTHER	INSTITUTION	12e USUAL OCC		126. KIND C	OF BUSINESS OF
# # p () (A G	ermantown		13045	Open Hear	th Wav		Housek		(WE) INDOSTRI	-
	USU	AL RESIDENCE (# NURSI	ING HOME OR	OTHER INSTITUTIO	ON, GIVE RESIDENCE BEFOR	ADMISSION)).r	
C 引 語 不	130.	Md.	Mont	gomery	Germanto		DE CITY LIMITS?	130 STREET ADD	Open Hea	rth Way	(2087)
	14. F/	THER'S NAME	PIONE	ROUGI A	Juez marroo		IER'S MAIDEN N		open nec	L 011 11003	(20012
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# 52 #		No		•	155-05-	45/3 Mary	Lynn H	tavati G	ermantov		
\$ 5 5 5 5 5 T		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on	ly ane cause p	er ling for (a), (b), an	die l		0 1	0 1	BETWEEN	ONSET AND DEATH
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28/11/86

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

V	(1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
505	3. SEX	CEASED DIME FIRST MIDDLE BURKER 20 DATE OF DEATH MONTH DAY YEAR 28 HOUR OF PRINT DR DRUG 5:45PM
2)	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS HE ALE TO CASE C
	N	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-
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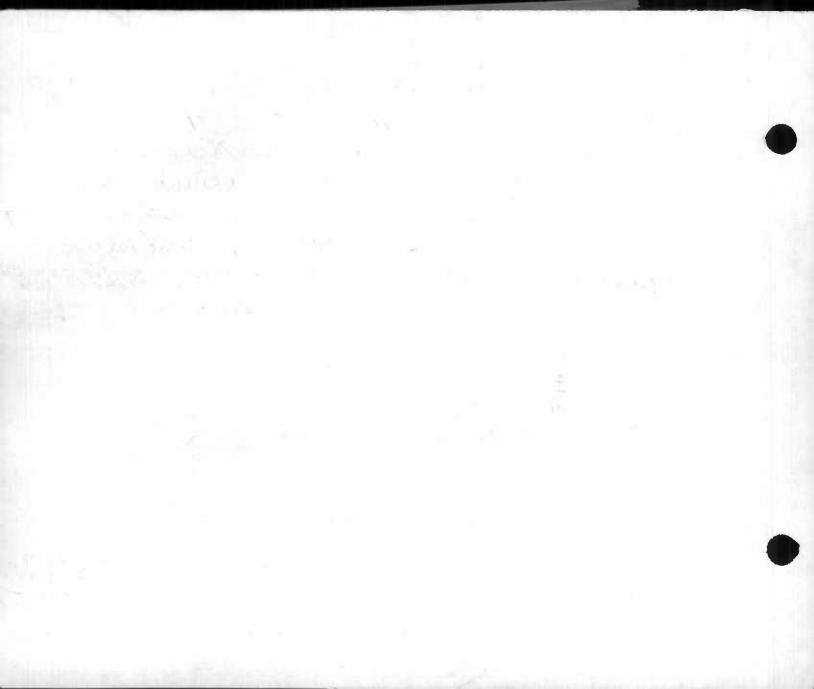
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 2b HOUR (TYPE OR PRINT) 86 3 SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR JYEAR white emale 00 85 To BIRTHPLACE Th CITIZEN OF WHAT COUNTRY (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Va. Montgomery WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 126 KIND OF BUSINESS C Rockville Nursing Home Rockville Teacher Ctv Schools 136 COUNTY 13e. STREET ADDRESS Gaithersburg 13 Cedar Ave MdMontgomery 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE William John Souder Pamma Fulk 160 WAS DECEASED EVER IN U.S. 166. SOCIAL SECURITY NO 17 INFORMANT 7407 Catewood Ct. (IF YES, GIVE WAR OR DATES) 218-20-1133 Richard Barnsley Alexandria, Va. 22307 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: mouth heart disease Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) this hospital) grended the deceased from. saw the deceased alive on and that in iny (aur) apinion death occurred an the date and have and from the causes stated did not view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH DECEASED NAME YEAR 2b. HOUR (TYPE ON PRINT) 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MINACOM YEARS BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE LIBRATE CATCHEON 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED montoomer DIVORCED WIDOWED lowa 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR ITY OF TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Mechanical Eng. Federal Govt. MECHICIH RINSTI JON GIVE RESIDENCE BEFORE ADMISSIONI 13d: INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE mont- 90 Mer Whoores A FATHER'S NAME MIDDLE Nickolas Florence Butterfield 14s WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Lorraine F. Butterfield (wife) LIES NO OF LINENOWNS OF TED, ONE WAS DE DATEST same as 13 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for, (o), (b), and it PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse in stirting the DUE TO, OR AS A CONSPOUEN underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 280 AUTOPSY? 206 IF YES, WERE FINDINGS USED Mr. DATE C IN CERTIFYING CAUSES OF DEATH? NO NO I THE ACCORDIT WAS UNDERSTOOD [7] 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR CE CONTRIBUTING CAUSE OF DEATH LA ESPRES HOUSEAU EXPROSES. 714 PHILIRY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN AT HOME STREET, FACTORY OFFICE FARM, ETC] AT WORK 22a 1 certify that (1) (this hospital) attended the deceased from (our) opinion death occurred on the date and hour and from the causes stated did not view the body offer deoth. DEGREE ATTENDING MEDICAL STAFF
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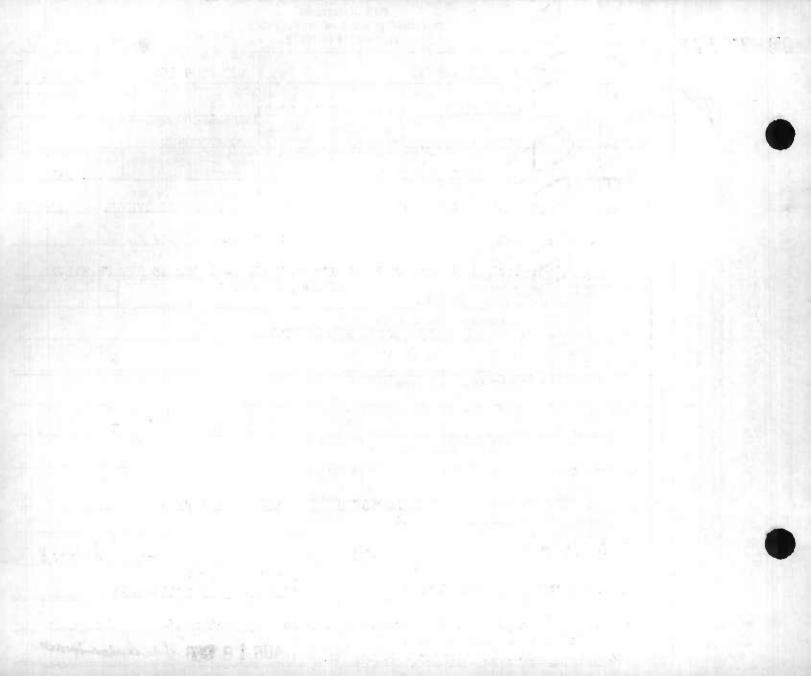
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PA 300 W. Montgomery Av., Rockville, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH 2b. HOUR 1986 3:30PM 8, August 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Montgomery County 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Executive Direct N.A.C.U.B.O. 13. STREET ADDRESS / ZIP CODE 14701 Springfield Rd. 20874 Iseminger Joanne L. Carr, wife, see # 13 APPROXIMATE INTERVAL 9 Months 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 86 that (I) (we) last , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED Aug. 11, 1986 PHYSICIAN DIRECTOR PHYSICIAN 5401 Western Av., NW Washington, D.C. Aug. 14,1986 Olympic Memorial 01ympia Washington 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

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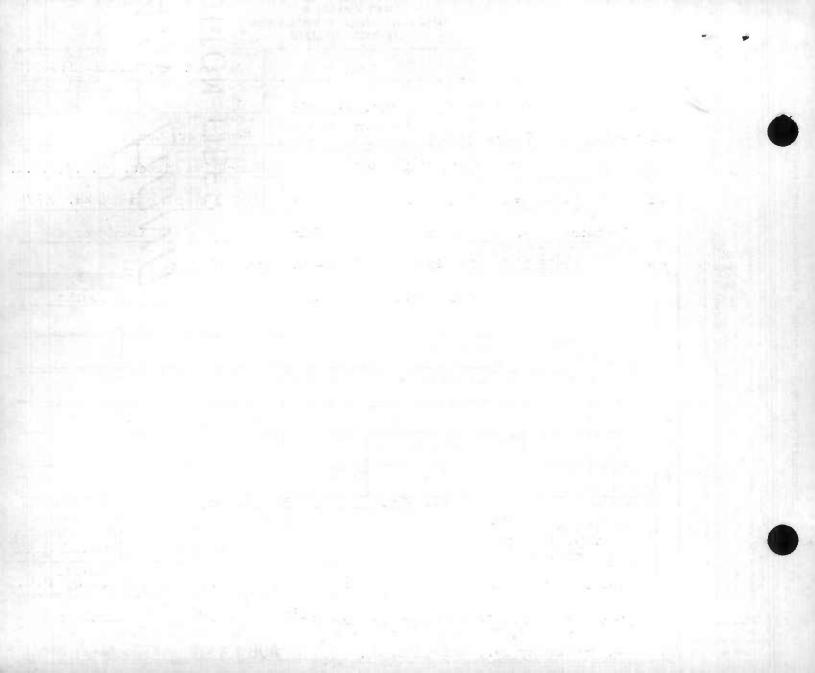
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Burial/transit

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I. DECEASED NAME

REGISTRAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) 31 86 ORRAVNE CARTER IF UNDER I YEAR 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR Fomalo Caucasian February 24: 1901 **BALTIMORE CITY OR COUNTY OF DEATH** RIRTHPLACE ISSATE OR FORFIGN THE CITIZEN OF WHAT COUNTR MARRIED NEVER MARRIED DIVORCED [Wisconsin Mantagmenu IB CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3642 Glonogolos Drive #36 Socrotanu Civil Service 20906 136 STREET ADDRESS / ZIP CODE Silver Spring 3642 Gleneagles Drive #36 Maruland Montgomery 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Carten Buron Marie Peterson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 233 Thorwaldsen Place 17 INFORMANT Sister HE YES GIVE WAR OR DATEST Clinton, Iowa 52732 Lucilo No 577-60-4241 Carter 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) t PART I DEATH WAS CAUSED BY CARDIOPULMUNARY 8/31/86 ANKES 1 IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF CIVER. 6 weeks. METASTATIC CANCER Canditions, if any, which gove rise to immediate cause (a), stating the DUF TO OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21ª PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC.) AT WORK NOT WHILE ittended the deceased from Aug S saw the deceased alive on obove (1) (we) (did) (did nat) view the bady after death. and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22h SIGNATURE DEGREE 22¢ DATE SIGNED PHYSICIAN L 270 ADDRESS & cesus world wedness Cerek MPORT/ 3701 RUSSMOON BE VI., SILVER SPRIAL W.O. FERRIS M.D 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Cremation Sept. 2, 1986 Metropolitan Crematory Alexandria
24 FUNERAL DIRECTOR Francis J. Collins Jr. 250 DATE ESC D. BY REGISTRAR 256 REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) 500 University Blud. W= Silver Spring.

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11 2 2 3		CEASED NAME FIRST OR PRINT) SARA	114	CHAPMAN/	20. DATE OF DEATH MOR	86 1103 M
uge 4 ms		MALE RTHPLACE (STATE OR FOREIGN	A RACE WhitE The CITIZEN OF WHAT COUNT	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA 11 74 9. BALTIMORE CITY OR C	MONTHS DAYS HOURS MIN.
	A	LABAMA	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgo	omery MD.
5	16	pekville	Shady & TOV	e Adventist Hosp	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
LAND 212	13a.	THER'S NAME	TEOMER ROCK	13d INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN N		
(6) · · ·		KOBERT VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL S	ANNETTE ECURITY NO. 17 INFORMANT	ADDRESS	JONES 16523 KIPLING Rd.
Con on	1	IS CAUSE OF DEATH (Enter on	184-3	2-0137 KATHY HO	LSTELER R	OCKVILLE, Md 20855 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
is 201 W. PRESTON 51., I mes that the death certific gred by the attending phy a please emove carbon or bursh, cremotian, acremo ty, or other traumatic even		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c)	A> NO.	RMINAL DISEASE OR CONDITI	ON GIVEN IN PART I TO
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OF VIII.	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	PRED (ENTER MATURE OF MUSICAL	ITEM IR PART TOWPART 2)
NG PHYSICIA otherwise profits the condi- man the bundi- th and Mental	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	Car de town	COUNTY STATE
ATTENDI toppiol or ECTOR A ed for use pri of Healt em 21 is m		220.1 certify that (1) (this base) saw the deceased alive an above, (1) (we) told (did no	PHNOVER EVA	and that May (ser-reportion)	n death occurred on the date of	19
HOSPITAL OR THUREAL DIR THUREAL DIR THURE SONE DE	-	22d PHYSICIAN'S NAME (TYPE O	le Norly	ATTENDING PHYSICIAN 122e ADDRESS (7	MEDICAL STAFF DIRECTOR PHYSICIAN 904 GUURGI	- 10 to 101
TO FUR should a sisk the		BURIAL, CREMATION, REMOVAL	DELLAY, MI	3c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	19 30832
BP	L.	SPECIFY REMOVAL JNERAL DIRECTOR OLUM	8-26-86 C	SEO, WASH, MEd. Se	MASh. ATE REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	9	013 ANNAPOLIS	ADDRE	m. md 20706 SEP	08 1900 Julia	Dinder Products

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR TYPE OR PRINTS 86 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR BIRTHPLACE (STATE OR FOREIGN CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Montgomery Marvland WIDOWEDXX DIVORCED T CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rockville Rockville Nursing Home US Goy't Clerk COUNTY 13e. STREET ADDRESS Arlington Arlington 2908 13th FATHER'S NAME 15 MOTHER'S MAIDEN NAME Aquila MIDDLE Robinson Turner Sallie Perrie Turner 66 SOCIAL SECURITY NO 17 INFORMANT 5206 Springwood Dr. Chichester-Temple Hill 224-4806507 Richard no 18 CAUSE OF DEATH (Enter only one couse per line for 10, (b), and ic PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF ne ugranis Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20h IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F YES T 21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 8-1-86 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ 86., and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22h SIGNATU DEGREE 22c. DATE SIGNED ATTENDING. MEDICAL PHYSICIAN ! DIRECTOR | PHYSICIAN | MPORTANT 22e ADDRESS 916 19th St. NW, Washington DC 20006 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OF TOWN COUNTY 9-3-86 St. Mary's Aquasco Md. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE P. 0. Box 156 , and waster-firstalle (VRA 15, 4) Waldorf, Md. 20601

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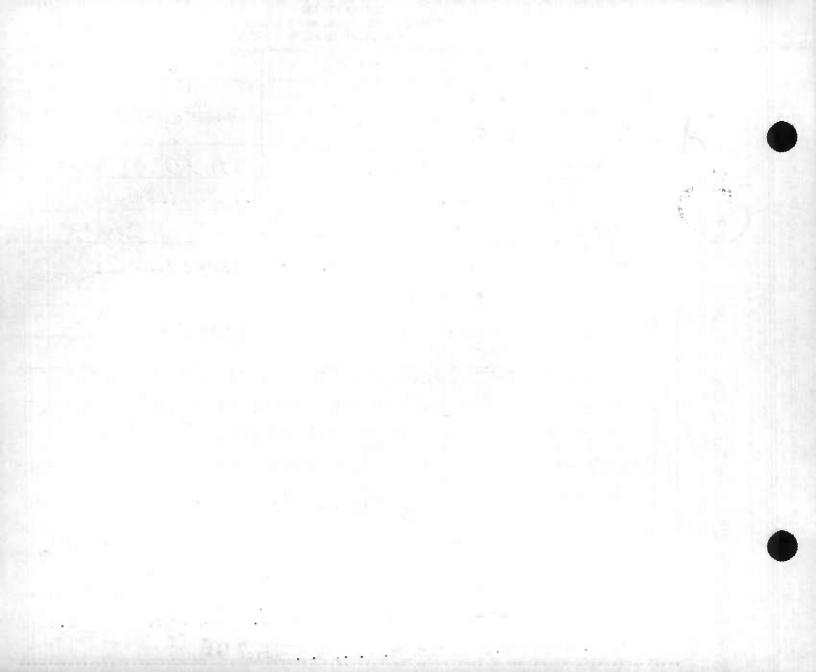
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		REGISTRAR		CIRCINICALL OF DIRECT			REG. NO.					
		CEASED NAME FIRST (OR PRINT)	VIRGIL		HICK		20. DATE OF DEATH MO	24	V YEAR	26. HOUR P M		
1	3. SE)	NALE	4. RACE BOACK	5. DATE O	F BIRTH	VEAR 22	6. AGE (IN YEARS LAST BIRTHO	_	DNTHS DAYS	IF UNDER 24 HRS HOURS MIN.		
1	3	STATE OR FOREIGN	USA	WIDOWE		VORCED	BALTIMORE CITY OR COUNTY OF DEATH MD.					
3	511	LUSE SPRING	HOLY (ROSS IT				126 USUAL OCCUPATION (TYPE WORK FOR MOST OF MORKING LIFE) (TYPE WORK FOR MOST OF MORKING LIFE) (TYPE WORK FOR MOST OF MORKING LIFE) (TYPE WORK FOR MOST OF MOS					
9	13a S	MD JOY	ROTHER INSTITUTION, GIVE RESIDENCE BEF NTY 134. CITY OR TO HYAIT	I NWC	13d. INSIDE C	NO []	130 STREET ADDRESS / Z	IP CODE	D 103	20782		
4		SOL N	CHIC	K CURITY NO.	15 MOTHER'S	MAIDEN NAM	MIDDLE	C	HIC.	K		
7		VAS DECEASED EVER IN U.S. AI YES, NO OB UNKNOWN) (IF YES GI		as 13e								
	Z	PART I. DEATH Enter only one couse per line for (a), (b), and ICLI PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gover rise to immediate couse (a), stoling the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
MEDICAL CERTIFICATION	TIFICATIO	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY?		WERE FINDIN				
		21d. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		19	211. LOCATION		D (ENTER NATURE OF INJURY III	HITEM IB PAR	COUNTY	STATE		
	W	saw the deceased alive a	pital) attended the deceased from	86 .00	18	_, 19_\$6 (60) apinian di	, to 2/24 eath accurred an the date	-	9 860	that (I) (C) last causes stated		
1	/	22d. PHYSICIAN'S NAME (TYPE THOMAS A. T	Un cust ESORIERO		22e ADDRES	S	DIRECTOR PHYSICIA		18/24	186		
	· ·	BURIAL, CREMATION, REMOVAI (SPECIFY) Burial UNERAL DIRECTOR	8-27-86		ny Memo	rial Pk	23d LOCATION CITY OR TOWN Landove REC'D. BY REGISTRAP 25			STATE		
		Jöhn T. Rhines Co., 3015 12th St. N.E., D.C. A20027 1885 guille										

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MAPORTANT: If Nem 21 is marked or Item 18 shows ony



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO FIRST Paul DECEASED NAME Chiera 2g. DATE KNOWN (TYPE OR PRINT) DEATH MATED 4 RWhite AGE (IN YEARS IF UNDER TYR. SEX MECLE IF UNDER 24 HRS DATE T BIRTHDAY) PRONOUNCED DEAD L CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Italy U.S.A. WIDOWED [DIVORCED IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2b. KIND OF BUSINES Photographic Tech. Printing USUAL RESIDENCE Churchill 20902 136 COPUNITY 13d INSIDE CITY LIMITS? YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Steele Albert Amalia Chiera 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. IT. INFORMANT ADDRESS IYES, NO, OR UNKNOWN) 578-38-6126 Kathleen S. Chiera Same as item # 13 18 CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN STATE COUNTY AT WORK NOT WHILE 220 I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my apinian Natural causes death resulted fram: Suicide ___ Hamicide __ Undetermined manner TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER EXAMINER: NAME John S. Rogers, M.D. 1919 Seminary Rd. Sil. Spg., ADDRES 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 8/26/86 Rockville, MD Burial Parklawn Cem. BP 24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** "5130 WI Ave. NW Wash DC 20016 AUG 28 1986 (VR A15 ME (5)) 20M 4/82

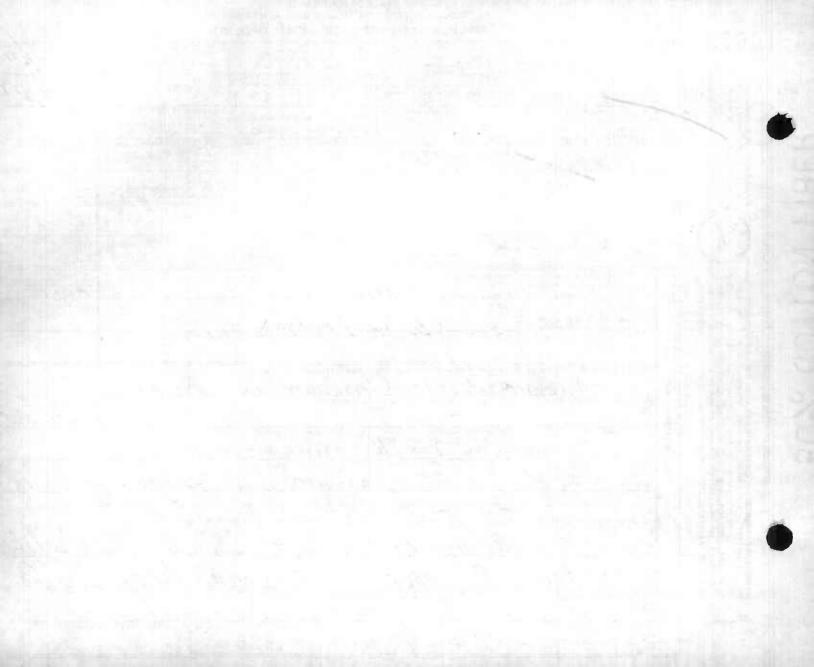
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 26. HOUR (TYPE OR PRINT) 198 AGE LIN YEAR LAST BIRTHDAY IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH MONTH Caucasian 1900 Docombon 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED montsomery lirainia 10. CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! Hamomabon 1136 COUNTY 13a STREET ADDRESS / ZIP CODE 1119 N. Belarade Road Maruland Montagmery Silver Spring NO F 20902 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST Bettu George Mauhew Hodnott 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT Daughter IYES, NO OR UNKNOWNE (IF YES, GIVE WAR OR DATES) Isabella E. Brizendine 228-36-4763 No Samo as 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIQ 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT NO I 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET FACTORY OFFICE FARM ETC.) CITY OF TOWN NOT WHILE 22a L certify that (1) (saw the deceased alive on and that in (aur) opinion deoth accurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS Pf 2309 Shorefield Dr. Wheaton. Md. 20902 Walter E. Goozh, M.D. 23g BURIAL CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Aug. 12, 9186 Gate of Heaven Silver Spring Montgomery Md AUG 1 3 1986 PEGISTRAR'S SIGNATURE Francis J. Collins. Jr. DHMH - 16 60M 7/84 500 University Blud. W. Silver Spring. Md (VRA 15. 4)

SISABE LYMMEL SLOW -98 3648

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 28. DATE KNOWN IX MONTH (TYPE OR PRINT) ESTI **CLESSURAS** DEATH MATED DAPHNE James 6. AGE (IN YEARS IF UNDER 1 YR. 4. RACE DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 10 06580 79XYRS CAU FEMALE 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MONTGOMERY U. S. DIVORCED WIDOWED Y Greece ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Homemaker SUBURBAN HOSPITAL BETHESDA 130. INSIDE CITY LIMITS? 130. STREET ADDRESS MILL ROAD MONTGOMERY BETHESDA YES X MD BALTIMORE, MD. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Eleni Lipinotis Yianitis Arthur 166 SOCIAL SECURITY NO 17. INFORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Bethesda.MD 20816 (YES, NO, OR UNKNOWN) Zoe Moshovitis. 5113 Cape Cod Ct. 217-40-0020 NO CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART LDEATH WAS CAUSED BY: ACUTE IMMEDIATE CAUSE (o). Conditions, if any, which gave rise to immediate couse (b) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 20 AUTOPSY? NO A 21a. EXTERNAL CAUSEWAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 211 LOCATION AT WORK AT WHILE 22a I certify that I took charge of the remains described above, heldron Undetermined monner 23a. BURIAL, CREMATION, REMOVAL 23b DATE Burial 8/27/86 Harford Memorial Gdns. Aberdeen, Harford, Maryland 07/B4 25g. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH - 17** Tarring Funeral HOme, PA, Aberdeen, MD, 21001-3399 (VR A15 ME (5))



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DHMH - 16 60M 7/84 (VRA 15, 4) FUNERAL DESCRIPTION Gawler's Sons 20016 5130 Wisconsin Ave. N.W. Washington, D.C. AUG 28 1986

50 EP 36 950P क्षा प्राप्त मान oman, residente migrati Bolis Crist | 1 TOWN WHAT EAST IN THE PARTY SHAPE WHEN DEVICES are the same of th touck Year of the company of the com The state of the s 1 3-44-5 1 E The second of th e later de la later 2012 de la company de la EIO BIME DES MESSAS 2130 daconnin ve. M.M. Gandington, D.t. Committee and Market and M FOR

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REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

Sinai Chapels

162-05 Horace Harding Expwy., Fresh Meadows,

STATE OF MARYLAND

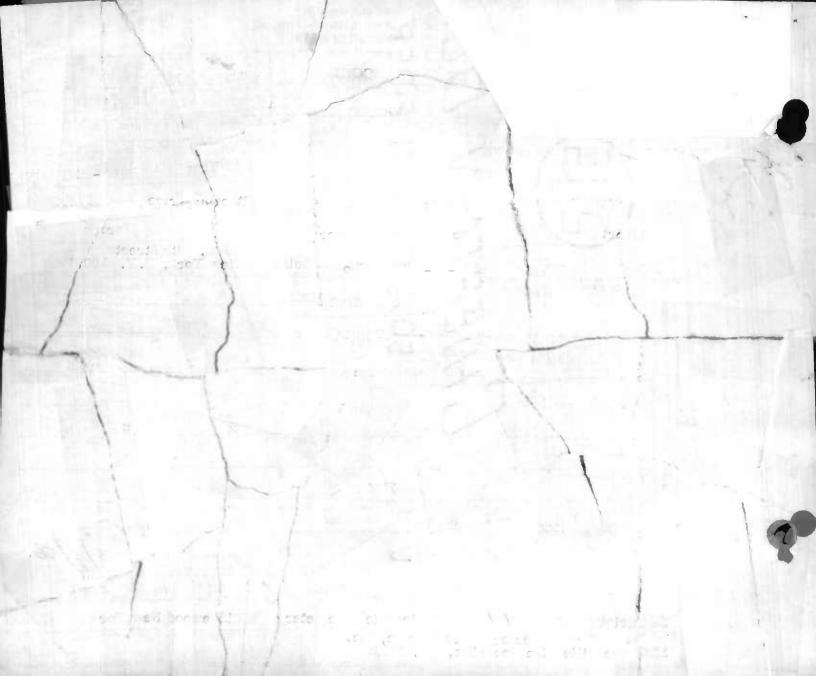
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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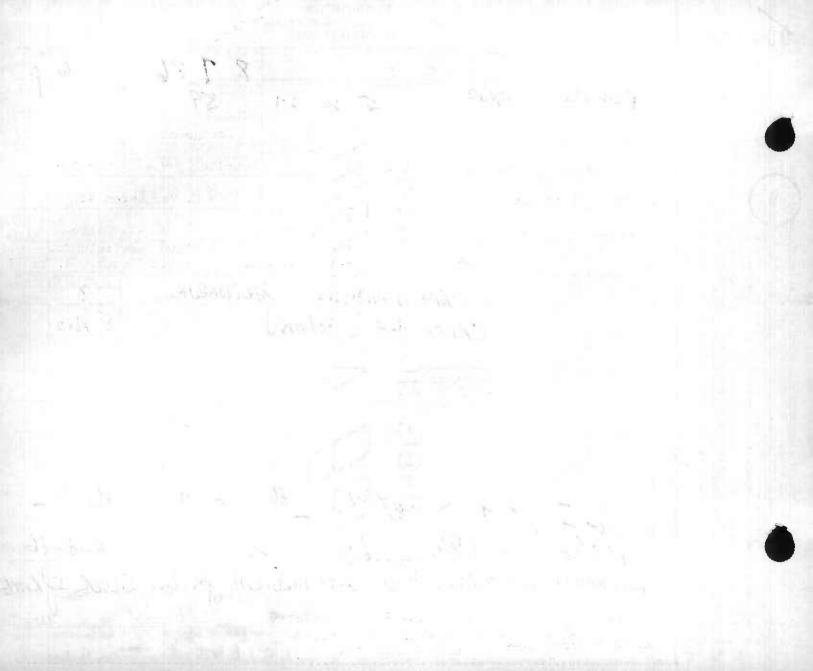
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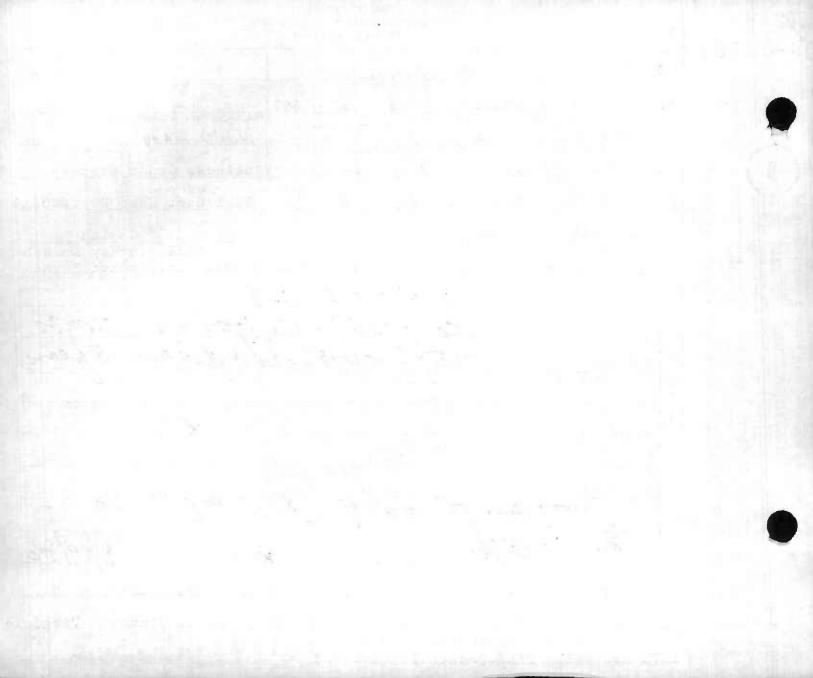
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Falls Church, Va.

(VRA 15, 4)





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

FOR - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH TITE OR PRINT Mary S. August 19, 1986 Craig 11:35am & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS MONTH YEAR HOURS June 2, 1912 Female Caucasian 74 BIRTHPLACE Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN MARRIED NEVER MARRIED New York United States WIDOWED DIVORCED [Montgomery County, IL CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Bethesda Suburban Hospital School System Teacher 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 9910 Marquette Drive / 20817 Maryland Montgomery Bethesda 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE Earl Shirkey Emma Johnson 17 INFORMANT(son-in-law) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) William Johnson Same as #13. 054 12 2477 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY. hours IMMEDIATE CAUSE (0 Conditions, if any, which gove rise to immediate couse (o), stoting the couse lost CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [218 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY CITY OF LOWN STATE AT HOME STREET, FACTORY OFFICE, FARM ETC 1 NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive in and that in (my) opinion death occurred on the date and hour and from the causes stated DEGREE 221 DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15. 4)

August 19,1986 Green Mount CemeteryStarksboro Addison Vermont 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, P. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

7557 Wisconsin Ave., Bethesda, Maryland

.. K. A. C.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) Maurice Crass, Jr. F. 251986 August 7:50p 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS Nov. Male Caucasian 1903 26 To BIRTHPLACE (STATE OR FORFIGN Th. CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Montgomery County, United States Ohio WIDOWED 10 CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OF Secretary/Trea. Mfg. Chemist 3450 Chiswick Court Silver Spring Montgomery Silver Spring 13e.STREET ADDRESS / ZIP CODE Maryland 3450 Chiswick Court 20906 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Reid Maurice F. Crass, Sr. Emma 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 5205 70th Street 274-01-6661 Maurice F. Crass, III Lubbock, Texas 79424 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY (ardiores biratory 1.5 m1n07 IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF A Spiration wee Es Conditions, if any, which gove rise to immediate cause (a), stating the 40215 underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES 🖂 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from Ocf 25 Aug 19 8.5 saw the deceased alive on 25 Aug above. (1) (c) (did) (did not) view the body after death _, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED 26 Aug 86 Justan S. Belaunt ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 5. BelAVAI USTAVO 3701 Rossmoor Blvd. Silver Spring, Maryland 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Maryland Maryland Aug. 28, 1986 Parklawn Memorial Park Rockville Burial 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA 256. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Julia Daydoon- gandalle 7557 Wisconsin Avenue Bethesda, Maryland 20814 (VRA 15, 4)



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24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave, NW, Washington, D.C. 20016

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO LAS Criswell. Jr 20 DATE OF DEATH MONTH 2b. HOUR IF UNDER 1 YEAR & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 21 HRS BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR President Auto Dealership 13e STREET ADDRESS / ZIP CODE 15 Farmington Ct./20815 MIDDLE Grimes ADDRESS Doris A. Criswell, Same address as #13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hour 8 mos ardio munosth 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (our) apinian death occurred on the date and hour and fram the causes stated 22c. DATE SIGNED MEDICAL STAFF 8.11.86 PHYSICIAN DIRECTOR PHYSICIAN Physicians La. Unite 23c NAME OF CEMETERY OR CREMATORY Altoona, PA STATE COUNTY 8/14/86 Alto-Reste Park

250 DATE REC'D. BY REGISTRAR 25 REGISTRAR SIGN

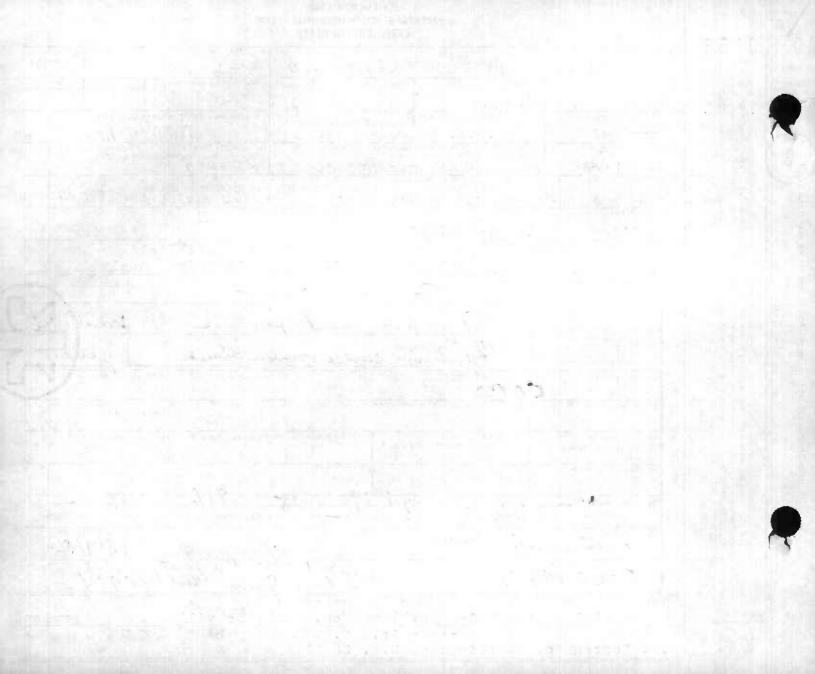
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Burial

(VRA 15, 4)

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	(VRA 15, 4)	R.	N. Horton Co	 Washington 	, D.C. 20011		43.60



STATE OF MARYLAND 0/0-81709 DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME EIRST MIDDLE TYPE OR PRINTS 1986 Helen Cuddy 21 11:30 T. August IF UNDER I YEAR 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS White Female FeD. 1907 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Montgomery New Jersey U. S. A. WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 5400 Wisconsin Ave. OT IN SUCH FACILITY, GIVE STREET ADDRESS) Chevy Chase Analyst Post Office USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Montgomery Chevy Chase 13d INSIDE CITY LIMITS? 13-SIRET ADDRESS / ZIP CODE 5400 Wisconsin Avenue MD YES X NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Julia Cuddy Tames Bray A . 17 INFORMANT ADDRES 105 Blackthorn St. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 083-36-3682 William J. Bray Jr. Chevy Chase, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DE ATH WAS CAUSED BY: Overwhelming Septicemia Days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Gangrene of the Right Lower Extremity Days Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Year Peripheral Arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOIX YES [NO [210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE August 21 220.1 certify that (1) (this hospital) oftended the decaded from 86 sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 27h SKANATURE DEGREE 22c. DATE SIGNED Aug. 21, 1986 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN THE PASS LAN'S NAME (TYPE OF PRINT) 22e ADDRESS 1145 - 19th St. Moseph Neill Kennedy Washington, D. C. 20036 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Joseph Gawler's Sons (VRA 15, 4)

Rural

230. BURIAL CREMATION, REMOVAL

WT. Ave. N. W. Washington, D. C.

Gate of Heaven Cem.

23b. DATE

8/23/86

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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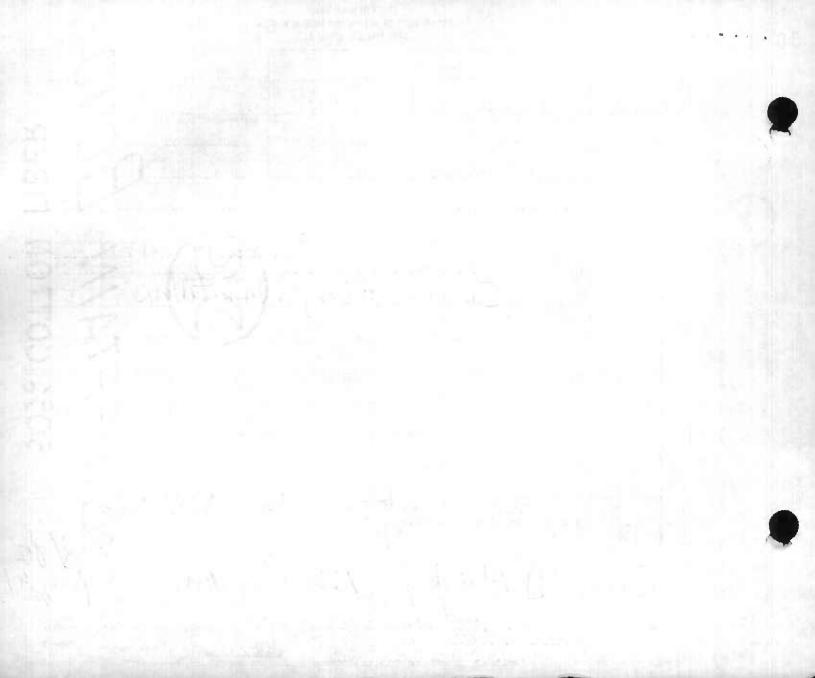
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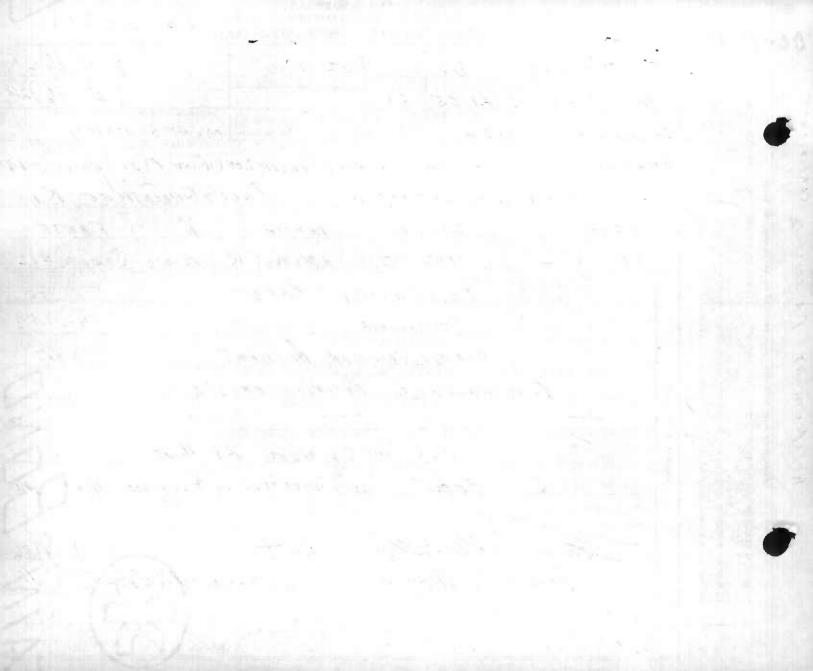
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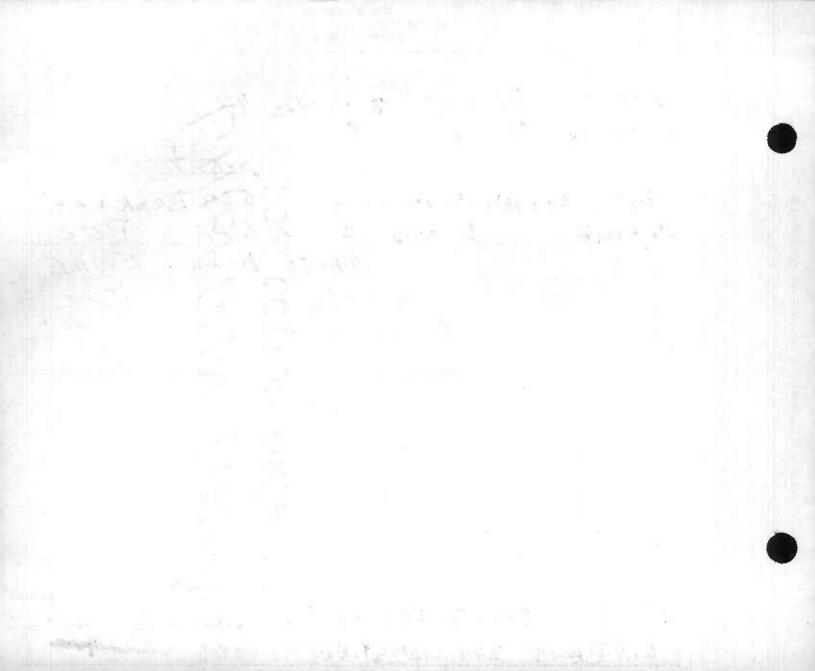
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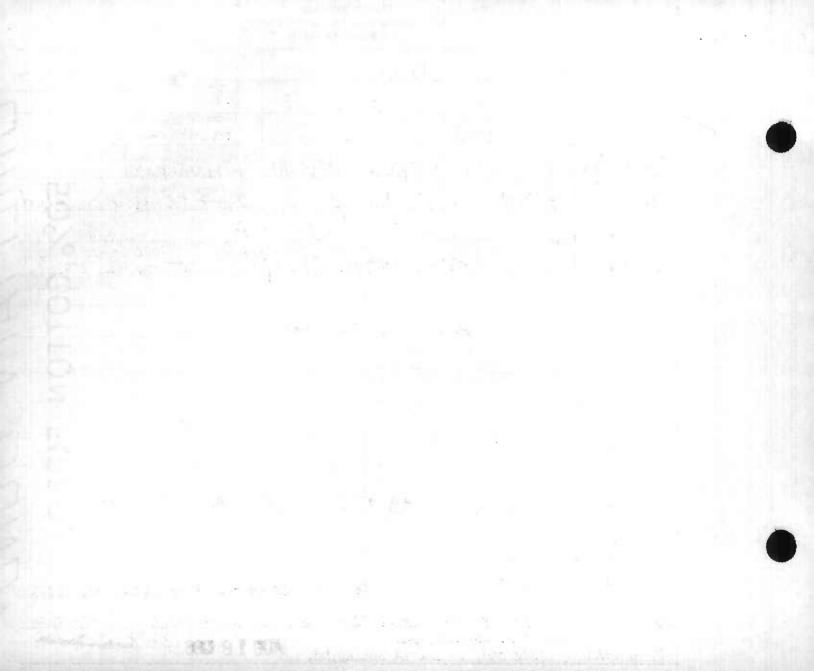
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR. -REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED FLUZIO 3 SEX RACE IF UNDER 1 YR TIF UNDER 24 HRS 2c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED DEAD 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRYL DIVORCED 6-amery WIDOWED | CALIFORNIA O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY CERTIFIED KOCK VILLE ULLIN 6-5 11100 BUCRanual AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 134 INSIDE CITY HALITS? JOB. STREET ADDRESS 136. COUNTY 13c. CITY OR TOWN BETHESMA GREENTREE MONTE O MICK 007 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MARI ANTE DINA DELUZIO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO NFORMAN' ADDRESS (YES, NO, OF UNKNOWN) LIE YES GIVE WAR OR DATES! 175=03-53 07UZ10 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY FICPIRATA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ENERALIZED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO D 210 EXTERNAL CAUSE-WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. I/ULY 21e PLACE OF INJURY (AT HOME, 211. LOCATION WHILE AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian deoth resulted from: Actident Suicide Hamicide Undetermined manner EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WII BAUMORE, MAR TITLE-(SPECIFY) DATE EXAMINER'S NAME TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION Aug. 1986 STATE Burial Greensburg Cath. Cem PA Hempfield 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes EP 23 1986 Wisconsin Ave Bethesda MD **DHMH - 17** P.A., 7557 Wisconsin Ave., Bethesda, MD. (VR A15 ME (5)) 20M 4/B2



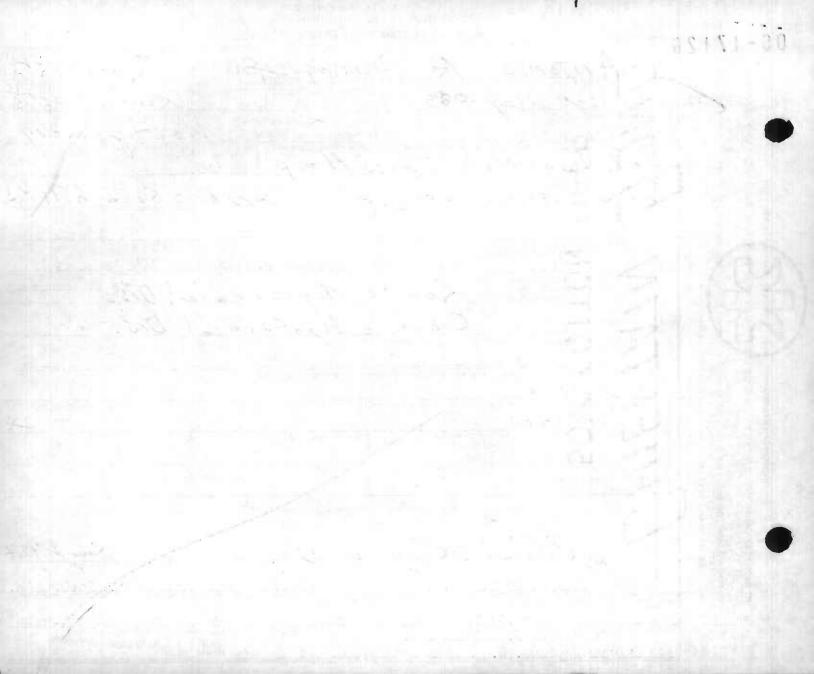




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BALTIMORE,	e ×	Poges medical		YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	142 52	7783	Irene	Dolg	gun (Wife)	Same a	as ab	ove
ALT	te b	sicion pers. ol.			er only one cause per	line for (a), (b), an	d (c).)					APPROX	XIMATE INTERVAL
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N N	Je J	ding or re		IMME									
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DIVISION OF VITAL RECORDS,	eden	Then to by injury	NO O	1	LURE !	GASTROIA			EED				
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	TTEN	for u	1.11	sow the deceased alive above, (I) (we) (did) (die	e on AUG- 2	offer death	16 on	d that in (my) (our) opinion de	eath accurred on the de	ate and hour o	nd from the	couses stated
	A A Pos	Direct oched Dept. If hem		22b. SIGNATURE	1 III	V77	111	DEGREE				22c. DATE	SIGNED
	AL O	AL DI letocl ite Do		Millia	MA. X	Illeras 1		M.D. ATTE	NDING X	MEDICAL STAF	FIANT	2-2	7-86
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SHE SE	T SE	4 RACE 5 DATE	OF BIRTH 6 AGE (IN YEARS IF U	UNDER VAR. IF UNDER 24 HRS. 21. DATE WHIS DAYS HOURS MIN PRONOUNCED	MONTH DAYS YEAR 2d HOUR
C 250 6 6	1	n W Mz	- y 10 33 6 3/RS.	DEAD	U9.27 1987 68M
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PUN S SW			USA		Doomery MD.
PAGE STIED	10 C	ITY OR TOWN OF DEATH	ME OF HOSPITAL, NURSING HOME, OR OT OT IN SUCH FACILITY, GIVE STREET ADDRESS)	THER INSTITUTION 120 USUAL OCCUPATION (T	OR INDUSTRY
700.00		016. Upg 6	X * LY CNUSS-	Flow P Engineer	
		AL RESIDENCE (IF IN NUISING HOME OR OTHER IN	ISTITUTION (IVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS? 130 STREET ADDRESS	1 209,06/-,61
RETAIN RETAIN		Ild Mone	4. 102-1. CPS	YES 1 NO 12 600 6	oud hill Kt
MD. 11, 2, N. 3, S. 2, S. 3, S	M F	ATHER'S NAME FIRST MIDDLE	LAST	15 MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
ORE, M	4	Rufino	Dominguez	Teodorica	Ronquillo
TIMOR TIMOR FORM SES I AL	16n.	WAS DECEASED EVER IN U.S. ARMED FOR YES, NO. OR UNKNOWN) (15 YES, GIVE WAR OR DA	CES? 166. SOCIAL SECURITY NO.	17. INFORMANT ADDRES	S
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM 3, PAGES 1 AND 2 SI VISION OF VITAL			577-86-9822	Ruperta S. Donimquez W.	ife Same as 13
. 0 .> .0		IB CAUSE OF DEATH (Enter only one com PART I DEATH WAS CAUSED BY:	use per line for (a) (b), and (c).)	1 1 4 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST., ITHIN 24 HOUI CIL IN ITEM 18 VER ALONG V ANSIT PERMIT. AL HYGIENE, P		IMMEDIATE CAUSE	E(a) You de	MYOCZYdiz	1151
PRESTOR TITHIN 24 CIL IN ITE VER ALON AL HYGIE REMOVA			UE TO, OR AS A CONSEQUENCE OF	16 - 1 1 1 1	
MER NER SANS		Conditions, if any, which gave rise to immediate	(b) hvon, c/	Myoczrdizel	SU
N. OR WENT, N. OR W. OR		cause (a) stating the <u>under-</u> lying cause lost.	UE TO, OR AS A CONSEQUENCE OF		
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DIVISION OF VITAL RECORDS, 201 SCRTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN FROED TO THE CHIEF MEDICAL EXA EX 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND MI OF PROR TO BURIAL, CREMATION,	1-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1 IO	
TECORDI D BE EXE ENDING MEDICA AS A BU AS A BU CREMA	ě	/ Vone			
SHOULD ORD "PE CHIEF A E USED / IT OF HE/ URAAL, OUR AL, OURAAL, OURAAN, OURAA	CERTIFICATION	190 DATE OF OPERATION	96. CONDITION FOR WHICH OPERATION	WAS PERFORMED?	20 AUTOPSY?
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OF THE WEN			IB TIME OF INJURY HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED LENTER NATURE OF HUJURY IN ITEM I	E PART 1 OR PART 2}
CERTIFICATE THE WASHING THE W DED THE OTHE TO THE T	MEDICAL	CONTRIBUTING CAUSE OF DEATH	P.M. 19		
DIVIS DIVIS WRITIN ARDED AGE 33 ATE DEP	MED	WHILE NOT WHILE	Te PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	OCATION STREET CITY OR TOWN	COUNTY STATE
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ATE, TORW ORW PARE, PARE		22a I certify that I taak charge of the r	emoins described abave, held an Auto	ppsy . Inspection . Inquiry . , c	and in my apinion
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EXA WAR		ACTUAL 10	011	TITLE (SPECIFY)	. 1 01.22
SHOULD SH		SIGNATURE	I (Sus	MEDICAL EXAMINER	SIGNED TUG FITTE
0=-709		EXAMINER SNAME.			, , , , , , , , , , , , , , , , , , ,
TO ME TO PRECUI	-		gers, M.D.	_ADDRESS 1919 Seminary Road :	Silver Spring, Md.
, FORFAR	23 a. B	URIAL, CREMATION, REMOVAL 236 DATE	23c. NAME OF CEMETERY	CITY OR TOWN	COUNTY STATE
07/84 BP			30,1986 Parklawn Cen		rtgomery Maryland
DHMH - 17		NAME FRANCIS J.	Callins, Jr.	0.50	SISTRAR'S SIGNATURE
(VR A15 ME (5))	50	10 University Blud.	W. Silver Spring. N	1d. SEP.5 1986 gines	

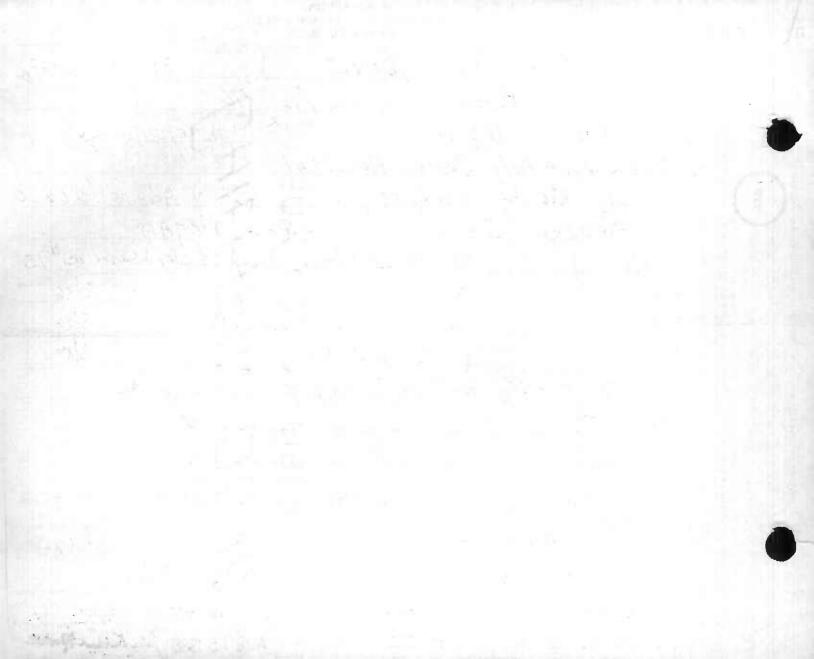


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH 26 HOUR 4 RACE AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS White 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY, OF DEATH STATE OR FOREIGN 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION MOST OF WORKING LIFET INDUSTRY Hospital Wilkins Coffee Co. 136. COUNTY 13e.STREET ADDRESS / ZIP CODE Maryland Silver Spring Montgomery 437 Northwest Drive 20904 YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME AUDDIE Charles Doolittle Elizabeth Schokmeche ... 166 SOCIAL SECURITY NO 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) 579-01-8438A Viola M. Doolittle-wife-(same as 13e) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY RUPTUREN ABDOMINAL ADRTIC ANEURYSM DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION OF COLONIC RESECTION RECURRENT ADENOCARCINOMA SITE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) STATE WHILE NOT WHILE Tulu 220.1 certify that (1) (this he-putal) attended the deceased from 19.86 sow the deceased alive on. and that in (my) companion death accurred on the date and have and from the causes stated above, (1) (sue) (did) (did 22b. SIGNATUM DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS with the 8630 Fenton Street, Silver Spring, Md. G. Leonard Gold, MD 230 BURIAL, CREMATION, REMOVAL 123c NAME OF CEMETERY OR CREMATORY

Gedar Hill Cemetery 9-3-1986 Suit Land (SPECIF Rurial Prince Georges Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE 11800 N.H. Ave. Md. Silver Spring, Md. DHMH - 16 60M 7/84 Hines/Rinaldi Funeral Home (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) ebruary 7, 1907 Caucasian Female 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States Montgomery County. North Carolina WIDOWED 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Own Home Rockville Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 130 STREET ADDRESS / ZIP CODE 829 Azalea Drive/20850 13d. INSIDE CITY LIMITS? Rockville Montgomery YES Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Peacock Brinkley Ellen. Jane Joseph Hollev ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Edgar B. Douglass (son) Same as #13. 578-46-2034 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Mfarction Bowel IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF Embolin Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying Aneurgin of lett ventricle PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE saw the deceased alive on AVIUST and that in (my) (and opinion death occurred an the date and hour and from the causes stated obove, (1) (west third) (did not) view the body after death DEGREE 22L DATE SIGNED 22b. SIGNATURE ATTENDING MEDICAL PHYSICIAN PHYSICIAN should be detunith the State 22e ADDRESS 236. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL Norfolk Virginia Burial Aug. 6, 1986 Forest Lawn Cemetery 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA DHMH - 16 50M 4/83 rulia Davidson Mondates 300 West Montgomery Avenue Rockville, Maryland (VRA 15, 4)

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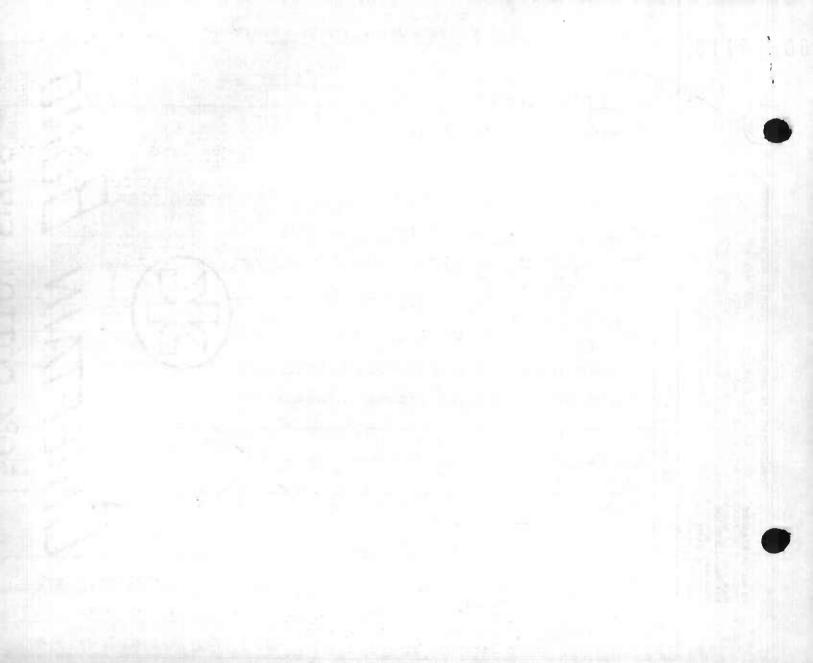
000	-17683	1.	FOR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 3 4 4 0						
4.		11.	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	0 1	
1			CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH MON	NTH DAY YEAR	26. HOUR D
	age 3 deoth	(TYP	E OR PRINT)		SAM	NE/	Q.	WORIN	8	-26-86	V:38 M
	5 0 7	3. SE	X		4. RACE	1 4 42	S. DATE C		6. AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
	ge 4 n		Male		l	Uhite	9	5 1901	84	YRS.	10000
	orth. Po		IRTHPLACE (STATE OR COUNTRY)	FOREIGN	76. CITIZEN OF		TRY? 8. MARRIEI WIDOWE	NEYER MARRIED	MONT 6		24 MD
	e fon	10. C	ITY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NL	IRSING HOME C	R OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
10	of the of the	R	ockville		Hebrew	Home o	of Great	er Washingtor	Postal Clerk	(Ret.) U.S	S.Post Off-
4D 212	24 hours	13a. Ma	AL RESIDENCE (IF NURS STATE ryland	13b COUN	OTHER INSTITUTION	130 CITY OR	TOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 18925 Mills	Choice Ros	ice ad (20879)
YLAN	rida Company	_	ATHER'S NAME			Gazere	Tobar 6	15. MOTHER'S MAIDEN NA	AME	Choice No	<u>id (20079)</u>
MAR	P		Louis		MIDDLE	Dwor	in	Emma	WIDDLE	Fr	ê eman
RE, I	d co		WAS DECEASED EVER		MED FORCES?	166. SOCIAL	SECURITY NO.	17 INFORMANT	Gaithers	burg, Md.	20879
IIMO	be ex		Yes	WW.		578-07	7-2232	Judith Dwori	in;18925 Mills		
T., 8AL	physicie in paper moval.		18. CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly ane cause pe D BY: E CAUSE (a)	Card		iratorry	arrest.	APPRO BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
SNO	h cer ding corbo			0.11.12.0.11		R AS A CONS	EQUENCE OF	/			
PRESTON	death ottend nove co otton, o		Conditions, if ony	, which	(b)	HI	ν	ASCVD		yes	do.
× P	t the		cause (a), statis	ng the	DUE TO, C	R AS A CONS	EQUENCE OF	111-		0	
102	ed by sleas				(c)	Nia5	2160	medius	•	- ly	100
DS, 3	sign hen p to bu	Z	PART 2. OTHER SIG	VIFICANT	ONDITIONS C	ONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART	II a
COR	been mit. I prior ony it	CERTIFICATION	19a. DATE OF OPERA	TION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	FYES, WERE FIND	INGS USED
AL RI	The kictor. te hos ssit per giene shows	1 1					Similar .		YES NO	YES [NO [
VIIV.	Hys 18		210. ACCIDENT WAS UN			OF INJURY	DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
NON	ryskc1/ ding p is certif buriol- Mento	MEDICAL	(IF EITHER NOTIFY MED	CAL EXAMINER) P	.M.	19	AN LOCATION			
DIVISION	d d d d	MED	21d. INJURY OCCUR	HILE	(AT HOME, ST	OF INJURY	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
5	Z o to to	1	220.1 certify that (I)	RK	tal) attended t	ne deceased fr	om /	16 10 8	5 8/2	10 10 H.	, that (1) (we) ast
	ATTENDI or CTOR: A for use d for use n 21 is m		saw the dece s above, (I) (we)	ed alive an	R	126	19_5-6, or		death accurred on the date of		e causes stated
	the hos a the hose to DIRECtook the Dept.		STATE OF THE STATE	11	20/04		mi	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10	26/8Z
	HOSPITAL ined by th FUNERAL old be detected to the State ORTANT: H		II. PHYSICIAN'S N	AME (TYPE O	R PRINT)	//	, ru	22e ADDRESS		1	700
	TO HOSPITAL retained by 1 TO FUNERAL should be det with the State		LORE	TO	5.	ACB	101	10,0,	MONTROSE	- Rd	
	E E E	23a.	BURIAL, CREMATION, (SPECIFY) emation	REMOVAL	23b. DATE			EMETERY OR CREMATORY	Washington	D (ADUNTA	STATE
	BP		UNERAL DIRECTOR D	ለእነማ ለእነ	8/29/		Lee Cre			REGISTRATISMEN	Tildes dealer
	DHMH - 16 50M 4/82 (VRA 15, 4)		NAME			ADDR	644		L. O.S. Jaco.	Market Annaged	
	(4// 13, 4)	11	70 Rockvil	re LI	ke; kock	ville,	TILL. ZUO	J2			

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR I. DECEASED NAME 26. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED 6/ 19 86 Paul Eastman 4 RACE 5 DATE OF BIRTH IE UNDER 24 HRS 2c. DATE 7:30 VEAD LAST BIRTHDAY) PRONOUNCED DEAD April 16,1924 62 6/ 1986 a M Male White 9 BALTIMORE CITY OR COUNTY OF DEATH A BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED OREIGN COUNTRY Montgomery County United States WIDOWED [DIVORCED Missouri 20 USUAL OCCUPATION LITTE OF WORK Environmental O CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION UOSINDUBUSINESS Bethesda Health Suburban Hospital Engineer LIAI RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 7703 Sargent Court 1136 COUNTY Potomac Potomac, Maryland 20854 Maryland | Montgomery 15. MOTHER'S MAIDEN NAME FATHER'S NAME FIRST Pau1 Eastman Bertha B. Bleish ADDRESS 7 INFORMAN MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Bette Lou Eastman(Wife) 7703 Sargent Court Potomac, Maryland 20854 (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! 491-22-8443 WW 11 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.

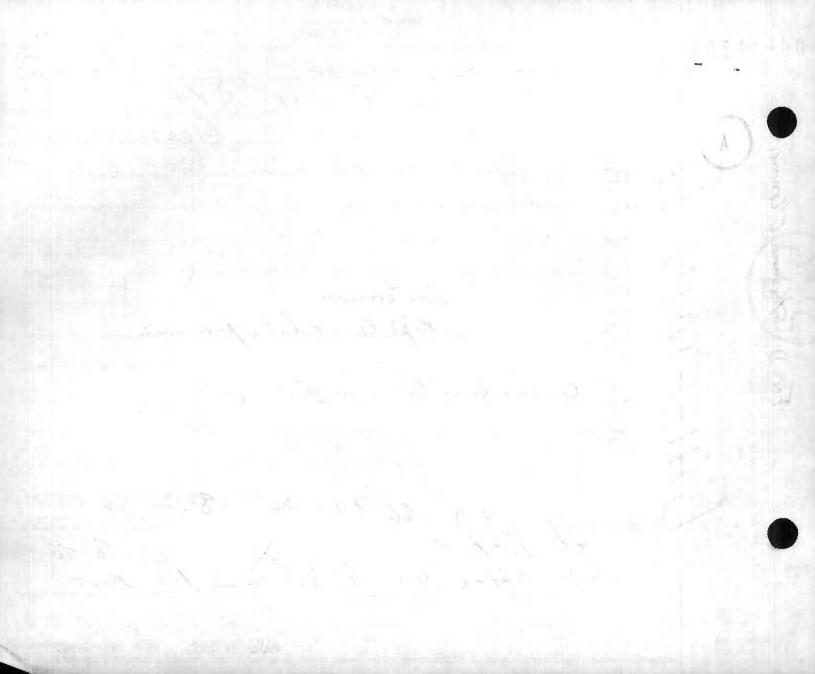
TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARMAND, 21201 PRIOR TO BURIAL, YES NO [216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 7:10KK 8/ 6/ 1986 subject bicyclist struck by auto 21e PLACE OF INJURY (AT HOME, 21f LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN STATE WHILE AT WORK Seven Locks Rd nr. Fontain St. Potomac roadway 22a I certify that I taak charge of the remain described above, held an Inspection and in my apinian Undetermined manner death resulted fram Hamicide TITLE (SPECIFY) ACTUAL DATE SIGNED_ M.D. Assistant MEDICAL EXAMINER 8/7/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. Baltimore, Maryland 23d LOCATION August atory Alexandria, Virginia

250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S SIGNATURE Metropolitan Crematory Cremation 07/84 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes PA **DHMH - 17** who Daydown Handason 7557 Wisconsin Avenue Bethesda, Maryland 20814 (VR A15 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH RANCES 6 AGE (IN YEARS LAST BIRTHDAY) a BIRTHPLACE I STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH United States WIDOWED 4 Washington DC CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION DC Pub. 12b. KIND OF BUS INDUSTRY Teacher School 1136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 299 Hurley Avenue Montgomery 4 FATHER'S NAME FIRST MIDDLE LAST William Virginia Cashell King 166 SOCIAL SECURITY NO. 17 INFORMATIAttorney) ADDRES 12630 Travilah Rd 60. WAS DECEASED EVER IN U.S. ARMED FORCES? IYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Preston C. King Jr. Potomac, MD 216-46-7701 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH IEnter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0). Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOT YES | Нуд 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive a opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF should be deto with the State [DIRECTOR PHYSICIAN MPORTANT OR CREMATORY 230 Episcopal 230 BURIAL, CREMATION, REMOVAL 236 DATE August 13 NAME OF CEMETERY Mark's Burial CITY OR TOWN 5, 1986 Highland TATE REC D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Hom DHMH - 16 60M 7/B4 .A. A. Total Wisconsin Avenue, Bethesda (VRA 15, 4)

STATE OF MARYLAND

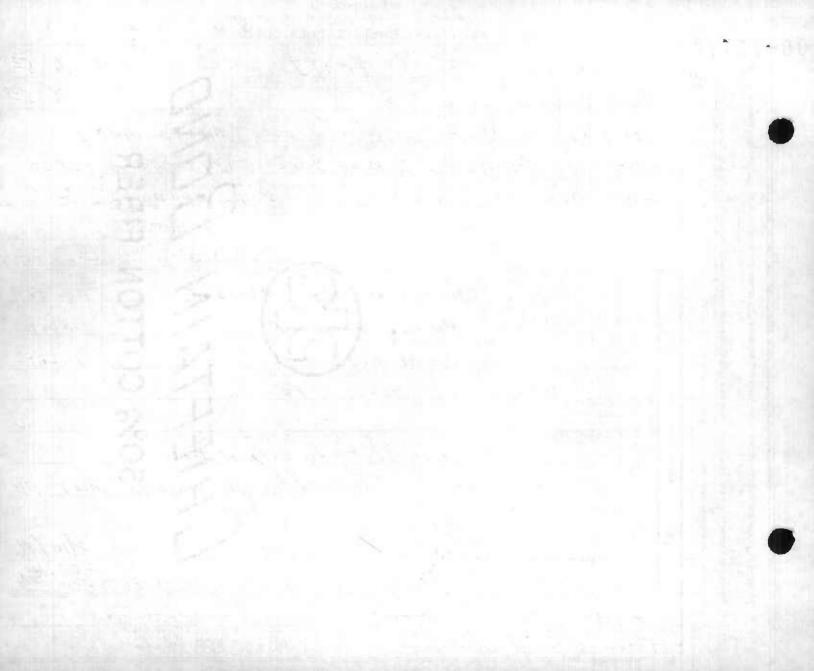


DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA

(VRA 15, 4)

- STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN CTYPE OF PRINTS HAROLI DEATH MATED AGE (IN YEARS PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS UTILITY CREWMAN 4402 DOF- WOOD 15. MOTHER'S MAIDEN NAME MIDDLE Not Available Not Available Robert D. Faatz (Son) 9402 Dogwood Park Street Capitol Heights, Maryland 20743 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 577-09-3219 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY PIRREST IMMEDIATE CAUSE (a) CARDIO PULINIK 700 TE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which EFFUSIA gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CONBSTIVE 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? YES NOD 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR 00 N CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC) NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy death resulted from: Natural causes Homicide Undetermined manner ACTUAL SIGNATURE PAGE 4 SHOU TO FUNERAL! AFTER DEATH. EXAMINER'S NAME 231. NAME OF CEMETERY OR CREMATORY August STATE 10. 1986 Metropolitan Crematory Alexandria, Virginia Cremation 07/84 24. FUNERAL DIRECTO Robert A. Pumphrey Funeral Homes PA 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 7557 Wisconsin Avenue Bethesda, Maryland 20814 (VR A15 ME (5))

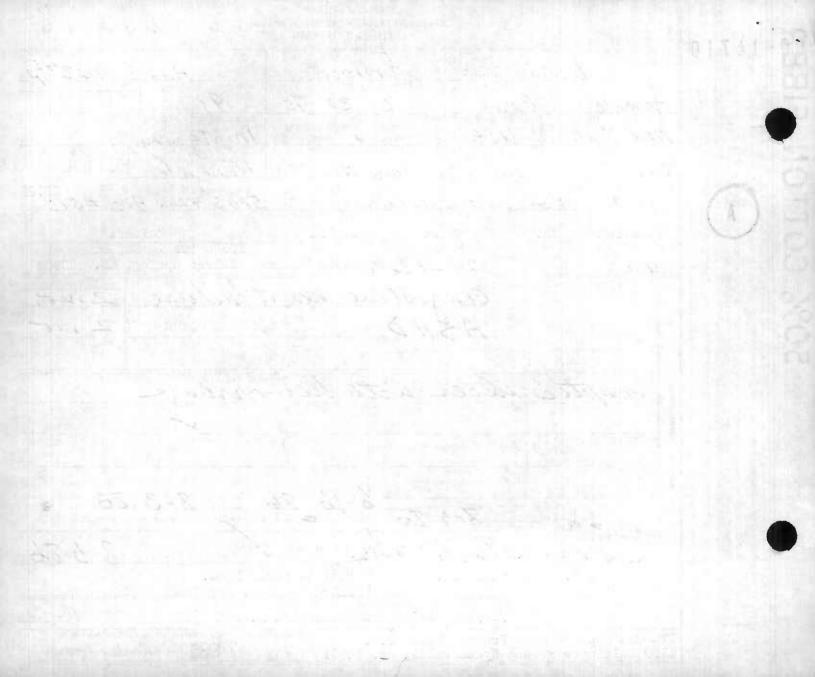
STATE OF MARYLAND



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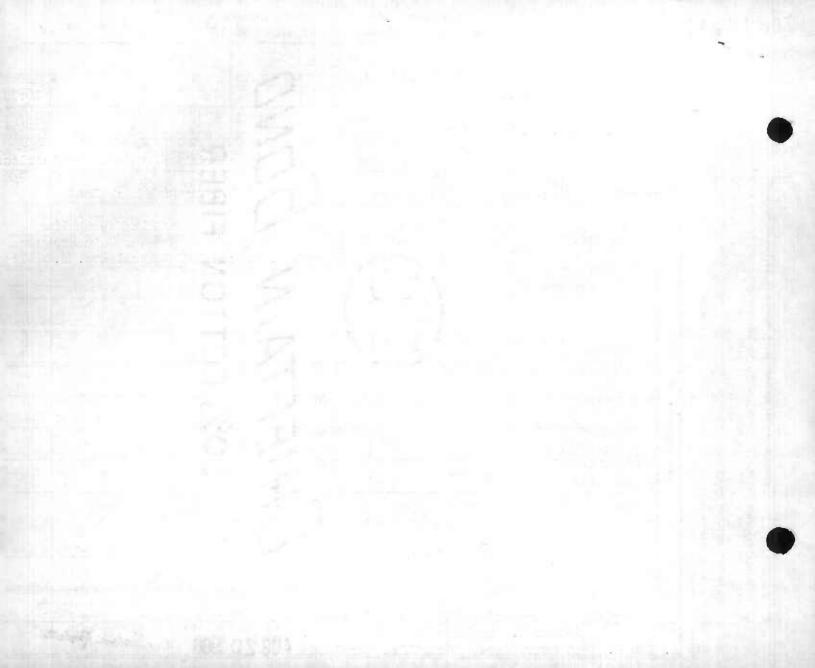
DHMH - 16 60M 7/84 (VRA 15, 4) ²Francisce Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue Hyattsville, Md. 20781 250. DATE REC'D. BY REGISTRAR 25h, REGISTRAR'S SIGNATURE

7 1986 Julia Davidson Mandale

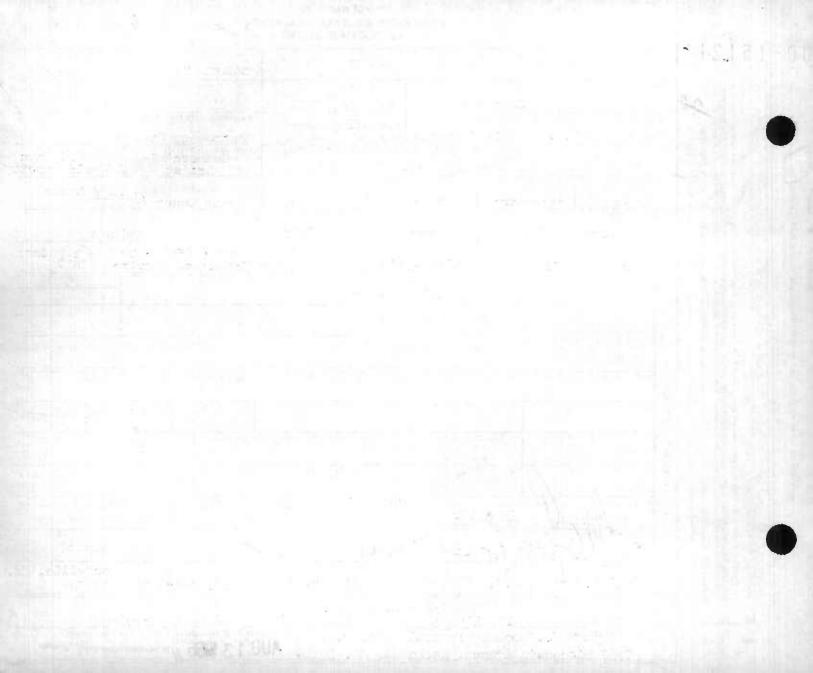


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN TIL MONTH OF ESTIDEATH MATED XX8-09-86 19 (TYPE OR PRINT) TAMES PELTON 4 RACE IF UNDER 24 HRS DATE LAST BIRTHDAY RONOUNCED 8-13-86 23 YRS DEAD Male. CaucasianMarch 24,1963 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X Washington, D.C. United States DIVORCED Montgomery County

120 USUAL OCCUPATION (1796 OF WORK 128 KIND OF BUSINESS 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Cabin John Communications Potomac River at Angler's Inn Printer USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20874 13a STATE Maryland Montgomery Germantown 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mabe 1 McLaughlin Joseph Felton. Michael 17 INFORMANT (father) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO ADDRESS Gaithersburg (YES. NO. OR UNKNOWN) 215 92 2417 No Joseph M. Felton 203 Central Ave. Md. 20877 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MAMEDIATE CAUSE (a) Drowning DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH subject found floating in river 21e PLACE OF INJURY (ATHOME. STREET TACTORY FARM, ETC. WHILE AT WORK Potomac River Gaithersburg, Maryland Autopsy X TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALLTIMORE, MARYTAND, 220. I certify that I took charge of the remains described above, held on Accident X death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) DATE SIGNED 8-13-86 Assistant EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street TYPE OR PRINT 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION August 16, 1986 Gate of Heaven Cem. Silver S Robert A. Pumphrey Funeral Homes, P. 25th DATE REC'D. BY REGISTRAR Burial 07/B4 BP. Silver Spring **DHMH - 17** wie Davidson (VR A15 ME (5)) 300 W. Montgomery Ave. Rockville, Maryland



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours ottending physician and comparing filled in the ast the buriol-transit permit. Then please remove corbon paper. Paper and a subject to ast the buriol-transit permit. Then please remove corbon paper. Paper and a subject to buriol, cremotion, or removal. The and Mental Hygene prior to buriol, cremotion, or removal. The and Mental B shaws ony injury, or other traumatic event, in medical regimes and expenses and expenses.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION	(b)		ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	100 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	ERE FINDING	OF DEATH?
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TO HOSPITAL reformed by t TO FUNERAL should be date with the State with APPORTANT:		Joel L. Gooz	zh, M.D.			4701 Randolp	h Road, Sui		Rockvi 20852	ille, Md
	23o. B	URIAL, CREMATION, REMOV	A	ugust 23c N	NAME OF C	EMETERY OR CREMATORY Washington	23d LOCATION CITY OR TOWN	co	UNIY	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)	27.1	NAME ROBert A				S P.A.		Julia Day		



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DE MONTH 2b. HOUR CTOPE OF PHIAD OF ESTI-KATHRING DEATH MATED 1472 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) MONTHS DAYS PRONOUNCED HOURS CAUC DEAD 15 93 9 7 YRS 2 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED MONTGOMERY CZECHOSLOVAKIA ZECHOSLOVAKIA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY KENSINGTOR LEANS HOME 00 HOMEMAKER USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES NO [KENSINGTOR MONTGOWERS ORLEAM 15. MOTHER'S MAIDEN NAME IA FATHER'S NAME LAST **FARST** UNKNOWN UNKNOWN 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO NONE 234-86-7849 SAME AS NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MYOCHEDIAL INFARCTION IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY UNDERLYING CONTRIBUTING CAUSE OF DEATH OUN 21L LOCATION 214 INJURY OCCURRED The PLACE OF INTURY AT WORK AT WORLE STREET, FACTORY FARM, ETC.) 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Vatural causes Accident Mamicide ___ Suicide Undetermined manner THLEUSPECIFY ACTUAL PAGE 4 SHOU TO FUNERAL C AFFR DEATH, BALLIMORE, M SIGNED EXAMINER'S NAME TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL CENETERY 07/84 24. FUNERAL DIRECTOR **DHMH - 17** was dress down for (VR A15 ME (5))

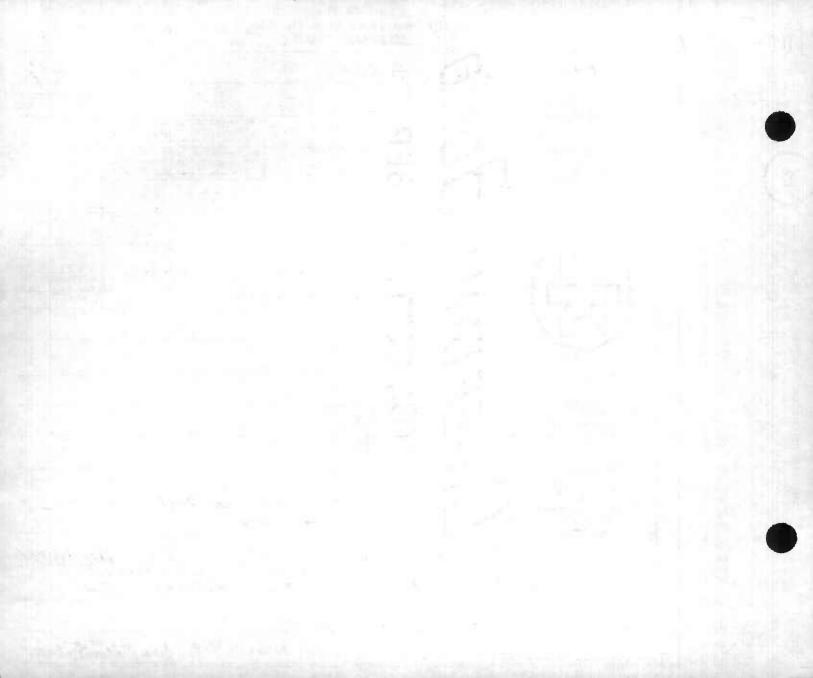
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	SHOWER W		-		11	111	411	€ITLE (S	PECIFY				1	//
	3050€		ACTUAL		- 6/	661/1	1105	Ded				DATE	1101	4
	▼ 第十 《 中山 —		SIGNATURE	uce	ex /	7//	, , ,	M.D.	N N	MEDICAL EXAM	INER	SIGNED.	17/1	0
	U I I I M A A A						11.1							
	NOR NEW ST		EYAMINED'S NAM	· Man	111	The same of	11/12/15					1	2081	4
	MEDIC ECUTE T SE 4 SF FUNER FU		EXAMINER'S NAM	FRA.	NUS P	5 /	MAYLE	ADDRESS	wow	SCONS.	ral A	Rev 20	TAYETS	AMS
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLD EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ACKNOWN TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL - TRA 1ST FERM AFFER DEATH, WILLE STATE DEPARTMENT.OF HEALTH AND MENTAL HOSTALE BATTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVALE.	23a. Bl	(TYPE OR PRINT)	1/1/1/	NUS (7 / 123c. NA	ME OF CEMETER				rd A	Rende	TAYETS	M/S
		23a. Bl	(TYPE OR PRINT)	1/1/1/	NUS (OR CREMATO		LOCATION		COUNTY COUNTY	TACTS	ANS.
07/84 25M	TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFFER DEA BATTIMOR	(5	(TYPE OR PRINT) _ JIRIAL, CREMATION, PECIFY) BUTHAL	1/1/1/	765/86		ME OF CEMETERS	OR CREMATO	ORY 23d	LOCATION CITY OR TOWN	0	Neida	N.	AMS ATE
07/84 25M		(5	(TYPE OR PRINT)	1/1/1/	30. DATE 86 ADDRESS AD			OR CREMATO		LOCATION CITY OR TOWN BY REGISTRA	0		N.	ATE Y
07/84 25M	BP	(5	(TYPE OR PRINT) JRIAL, CREMATION, PECIFY) BUTIAL JINERAL DIRECTOR	1/1/1/	TIS/86			OR CREMATO	ORY 23d	LOCATION CITY OR TOWN	0	Neida	N.	ALLS Y

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M. M. Mariella administration of the Company of the

,		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE!	5 3 2 5 0
436	1,	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	2. 0 4. 0 0
poge 3 deoth		CEASED NAME FIRST JOHN	OHN FEDWI	N LAST FORESHEW	20. DATE OF DEATH M	3 10 86 0915 M
fer d	3. SE	×	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHE	
The cost	L	MALE	WHITE	MARCH 10, 1904	82	YRS MOOKS MIN.
95		RTHPLACE (STATE OR FOREIGN COUNTRY) ENGLAND	U.S.A.	MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR MONTGOMER	
25		SAITHERSBURG	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACRITY, GIVE STREET Shadu Grove Ad		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W ENGINEER	VORKING LIFE) INDUSTRY
34	13a M2			SBURG YES NO X	13. STREET ADDRESS / 2 9413 CHATTI	
62	14. F.	THER'S NAME FRST EDWIN MA	RTIN FORESHE	W LIZZIE	MIDDLE	BUNDY
ol.		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166. SOCIAL SECTION WAR OR DATES) 228-42-		ADDRESS FORESHEW, WIL	FE, SAME AS ITEM #13
then please remove to burial, cremation njury, or other troum	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART Ito
ows any	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
and Hygin		2)a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY	
Y Ye	AEDIC	IN ETTHER NOTHY MEDICAL EXAMINE 214. INJURY OCCURRED	21e. PLACE OF INJURY	19 211 LOCATION FARM ETC 3 51REET	CITY OR TOWN	N COUNTY STATE
0 = /	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hasp sow the deceased alive or above /(1) (we) (did) (did not be with the decea	71e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET , 19 , ond that in (my) (our) opinion	, to	, 19, that (1) (we) lost ond hour and from the causes stated
A A	MEDIC	21d. INJURY OCCURRED WHRE NOT WHRE ALWORK 22a.1 certify that (1) (this hasp sow_the deceased alive or	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, witol) oftended the deceased from 19 11 yiew the body after death.	PARM_ETC.) 211 LOCATION STREET , 19, ond that in (my) (our) opinion DEGREE ATTENDING	, to	e and hour and from the couses stated 22c. DATE SIGNED

the state of the s



BP___ DHMH - 16

	1			STA	TE OF MARYLAND		- 15
17007	1.	FOR			HEALTH AND MENTAL HYG	iene o 2	3 4 5 2
1/09/		REGISTRAR			FICATE OF DEATH	REG. NO.	
e 4		CEASED NAME FIRST	MIDDLI		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR A
poge 3 er deoth		1166	IE Kotc	h F	RIED	8-	30-865-M
	3. SE	X	4 RACE	5. DATE	0. 5	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ors of		temale		Hite /	0-26-06	79 YR	s.
Phod 2		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	IED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
no 7	N	EW YORK	U.S.A.		VED DIVORCED	MONTG	-OMERY. MD.
The state of the s	1	ITY OR TOWN OF DEATH	CIENOT IN SUCH FAC	HITY GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
filed to	Ro	ckville	Hebrew Ho	me of Great	er Washington	Accountant (R	et) University
should be	13a :		DUNTY LI30	RESIDENCE BEFORE ADMISSION CITY OF TOWN CKVILLE	13d. INSIDE CITY LIMITS?	6121 Montrose	Rd./20852
5 W YE	14. F/	ATHER'S NAME	WIDDLE		15 MOTHER'S MAIDEN NA	WE	41 × 1 - × × m - 1 1 1
comple s 1 and		Samuel	MIDDLE	Weinstock	Anna	WIDDLE	Shapiro
d col		WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO.	17 INFORMANT		estfield Drive
Poges medico	,	YES, NOOR UNKNOWN) (IF YES	GIVE WAR OR DATES) 09	0-16-0526	Mrs. Beatrice	Burrell Bethe	sda, Md 20817
pers.		18 CAUSE OF DEATH (Ente	er only one couse per line	for (o), (b), and (c).		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy n po mov		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	rdio 1107	iratory C	rrest.	
ding or re or re		DAMAGE C		A CONSEQUENCE OF			
tten ve co		Conditions, if ony, which		PCVA	+		4 veces
emo emot		gove rise to immediate couse (a), stating the		A CONSEQUENCE OF			1
by 1 Ose 1 Ortho		underlying couse last		aboles	Mellitus	HTN	20 years
ned ple purio		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTE	RIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART Ito
n sig Ther r to b	NO NO						
prio ony	18	190 DATE OF OPERATION	19b. CONDITION	FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY? 20b F	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
Se e e e	CERTIFICATION					YES NOTO	YES NO
Hyg sh	T W	210. ACCIDENT WAS UNDERLYING	L HOUR ALL	IURY MONTH DAY YEA	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
entification in the mitter	CAL	OR CONTRIBUTING CAUSE OF	DEATH	19			
his of hi	MEDICAL	21d INJURY OCCURRED	21e PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
otte ter t ter t on r ked	>	WHILE NOT WHILE AT WORK	TAT HOME STREET, F	ACTORT, OFFICE, FARM ETC.)			
S mo		22a.1 certify that (1) (1) is he			-10 19 80	a,10_ R-31	0, 19 6 , that (I) (we) just
for to the state of H		sow the deceased alive	on 8 -30 d not; view the bady after	death)	and that in (my) our opinion	death occurred on the date and	hour and from the causes stated
hos hed hed ept.	170	226. SIGNATURE	Donal	1)	DEGREE		22c. DATE SIGNED
AL Date Date Date Date Date Date Date Date		Hours -	8. Ulbert	2	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	8-30-6.
FUNERA Stold be de ortani		224 PHYSICIAN'S NAME (T)	YPE OR PRINT)		22e ADDRESS		~ /
Should be with the St		LORETO S	S. ALBIC	1	6121	MONTROS	F Rd.
ē 7 € 3 ₹	23a	BURIAL, CREMATION, REMOV		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
P	I	Burial	9-2-86	Mt. Hel	pron Cemetery	Flushing	New York
AH - 16 60M 7/B4	24 F	UNERAL DIRECTOR		II/U KO	KVILLE PK 250 DAT	E REC'D. BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE
(VRA 15, 4)	Da	enzäńsky-Goldb	erg Mem. Ch	ps.Rockvill	Le, Md 20852	05 1900 gua	Developer Residents

13e STREET ADDRESS / ZIP CODE 2304 Lucaya Lane (Unknown) 10607 Meadowhill Road. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?) STATE and that in (my) (our) opinian death occurred on the date and hour and from the causes stated THE DATE SIGNS ATTENDING. MEDICAL PHYSICIAN DIRECTOR PHYSICIAN & 1500 Forest Glen Road, Silver Spring, Md. 23c NAME OF CEMETERY OR CREMATORY Beth Sholom Congregation Washington,

2b. HOUR

12b. KIND OF BUSINESS OR

Sales

IF UNDER I VEAR

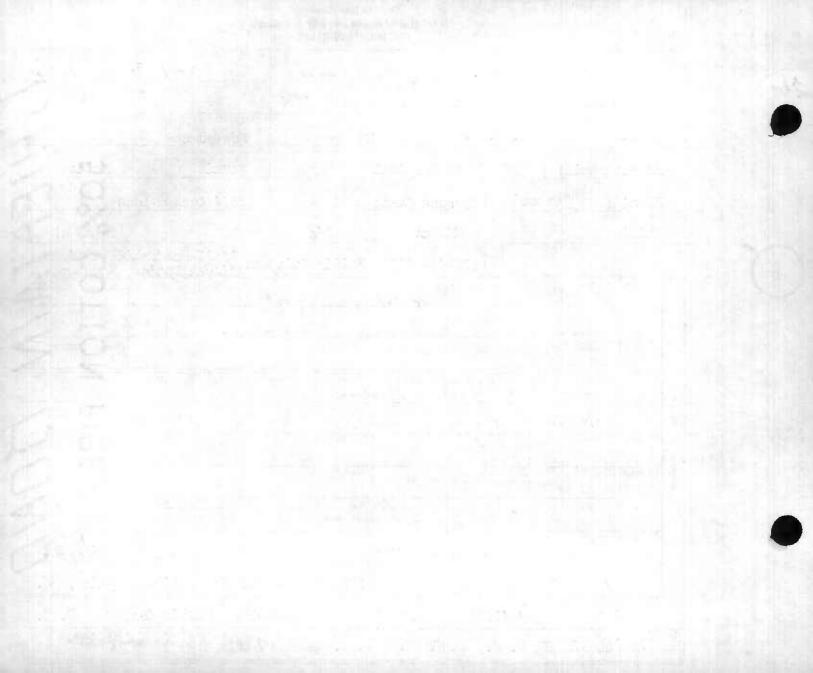
INDUSTRY

- 16-60M 7/84 (VRA 15, 4)

8/3/1986 DONALD HARCISTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET. N. W., WASHINGTON, D. C. AUG O

ViGiovenna

230 BURIAL CREMATION, REMOVAL (SPECIBULIA!



LINE STEEL STATE

(
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	0
G	10
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 44 hours offer death. Page 4 may be retained by the haspital or ottending physician.	_ (
TO FUNERAL DIRECTOR: After this certificate has been signed by the outending physician and completely filled in by the funeral direction, page 3 should be detected for use of the buriol-transit permits. Then place removes corbon papers. Pages 1 and 2 should be filled with m72 hours offer death that is compared to the permits of the property of the permits of the p	7.
Mill the Store Dept. or reconstruction methods spows only injury, or other troumotic event, the medical evaluates of the store of them 18 shows only injury, or other troumotic event, the medical evaluates of the store of the s	0
15002	
1 3 7 1 1	1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

	REUDIKAK							REG. NO	0.				
	DECEASED NAME FIRST		MIDDLE	L	AST		2a. DATE OF	DEATH	MONTH	DAY	YEAR	26 HO	JR D
1,	Maurice	e Ro	we	Fu	ISS		Aug	ust	15,	1986		8:	40 M
3.	SEX	4 RACE		5. DATE C		WEAD	6. AGE INY	EARS LAST BIR	THDAY)	IF UNDER	DAYS	IF UNDER	R 24 HRS
	Male	Whit	e	May	13	1922	64		YRS				
70	BIRTHPLACE (STATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTR	Y? B	X NEVE	R MARRIED	9. BALTIMO	-	Marie .		ATH		4199
2	Maryland	U.S.	Α.	WIDOWE		DIVORCED [Mont	gomen	ry Co	unty			MD.
10	Bethesda	(IF NOT IN SUC	HOSPITAL, NURS THEACILITY, GIVE STR	EET ADDRESS)	R OTHER IN	ISTITUTION	TYPE OF WORK	FOR MOST C		LIFE) 12b. I	USTRY	F BUSIN	ESS OR
Ú	SUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)									
		ederick	Emmits		YES 🧰	NO K		Simmo				2172	>7
1	FATHER'S NAME Charles	MIDDLE	Fuss			R'S MAIDENNA Rosanna	ME	WIDDIE		C)h l'e	r	
1.60	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFOR	MANT		ADDRI	ESS				
L	No No	VE WAR OR DATES)	220-16	-0617	Eliz	abeth Fu	ıss, wi	fe, s	same				
Г	18 CAUSE OF DEATH (Enter of	nly one couse per	line for 101, (b),	and (c).)						В	APPROXI	MATE INTE	RVAL DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D)_C	Cardiova	scular	Colla	pse							
		DUE TO, O	R AS A CONSEC	DUENCE OF									
1	Conditions, if ony, which	((b) F	lemorrha	gic Pne	eumoni	.a							
	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEC	QUENCE OF									
	underlying cause lost	(10 F	Residual	Lympho	oma								
2	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELAT	ED TO THE TERM	IN AL DISEAS	e or con	DITION G	IVEN IN F	ART 10	o ·	
CEDITIES ATION	19a DATE OF OPERATION	19h COND	ITION FOR WHI	CHOPERATIO	N WAS PER	FORMED	20a AUTO)PSY?	20h IF Y	ES. WERE	FINDIN	NGS LISE	D
O I	E I'M DATE OF OFERATION	IN COND	morrow will	CHOLEKANO	TY THAT LEN	TORMED		-	IN CERT	TIFYING C	AUSES	OF DEA	TH?
- 5	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF INJURY		21c HOW	INJURY OCCUR	YES X	NO		YES X	PART 2)	NO [
		HOUR A.	M. MONTH	DAY YEAR			(2111211						
MEDICAL	11 ETTHER NOTIFY MEDICAL EXAMINE	P. PLACE	M. OF INJURY	19	211 LOCA	TION							
1 2	WHILE ONOT WHILE O		REET, FACTORY, OFFIC	E, FARM, ETC)	STR	PEET		CITY OF TO	NWC	COI	UNTY		STATE
	220. I certify that X (this hosp	ital) attended th	e deceased from	March	1 6	19.85	to Au	gust	15	19.86	5	that X	(we) lost
	sow the deceased alive or above. X (we) (did) (XXX)	August	15 19	86or	nd that in (n	(our) opinion	deoth occurre	d on the d	ote and ha	our and Ir			, ,
	22 SIGNATURE	view the body	alter death.		DEGREE					22	. DATE	SIGNED	. 80
	Jehn (St.	eren	-, W			ATTENDING PHYSICIAN	MEDICAL	STA PHYSIC			8-	16-	86
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDF	RESSNation				f Hea	1th		
	Honey CSC	EVATSUI	any h			ical Cen							
23	BURIAL, CREMATION, REMOVAL	23b. DATE	23	NAME OF C		R CREMATORY	23d LOCA						STATE
	(SPECIFY) Burial	19 Aug	86	Keysvil	le Un	ion	Ke	ysvil	lle,	Carro	511,	Mo	STATE
24	FUNERAL DIRECTOR					25q 841	IF 2 M	1300AR	25b. EG.	STRANS	IGNAT	1	Alle
	Skiles Funeral H	lome, Em	mitsburg	g, MD 2	1/2/	No	0 419		0				

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. REGISTRAR 1. DECEASED NAME 20 DATE KNOWN MONTH 7h. HOUR ESTI-(TYPE OR PRINT) 3 TO THE FUNERAL DIRECTOR.
IN PAGE 5 FOR YOUR FILES.
D BE FILED, WITHIN 72 HOURS
RDS, 201 W. PRESTON STREET, DEATH MATED Aug. Louise Gallagher 23 19 86 IF UNDER 1 YR. IF UNDER 24 HRS 6. AGE (IN YEARS 4. RACE 3 SEX 5. DATE OF BIRTH DATE MONTH LAST BIRTHDAY PRONOUNCED 1902 84 YRS Female. White DEAD June 1906 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATEOR 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington, DC USA DIVORCED X Montgomery WIDOWED [11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17a USUAL OCCUPATION ITYPE OF WORK 12b. KIND OF BUSINESS ID CITY OR TOWN OF DEATH OR INDUSTRY 3226 Sparton Road FOR MOST OF WORKING LIFE)
Resident Manager .F. Saul 01nev 2, AND 3 TO 3 RETAIN PA SHOULD BE F AL RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY EIMITS? 1136 COUNTY 3226 Sparton Road NO Maryland Olney 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDGLE Conrad Emma Robert Moorman ADDRESS F PERMIT, PAGE. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES, NO. OR UNKNOWN I HE YES, GIVE WAR OR GATEST Ann Smith - daughter- (same as 13e) N/A 578-12-1759 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' CAL EXAMINER AI Canditians, if any, which AND MENTAL gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the underlying cause last. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL THE STATE DEPARTMENT OF HEALTH AND ME BATTH DEFAIL AND WILL AND WILL BE AREAL TO BURIAL CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAE DISEASE ER CONDITION GIVEN IN PART 1 10 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NOSE 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING POR CONTRIBUTING CAUSE OF DEATH TOUND 71e PLACE OF INJURY 11 LOCATION NOT WHILE AT WORK AT WORK to MB Autopsy 22a I certify that I taak charge of the remains described above, held an and in my apinian Hamicide Undetermined manner EXAMINER'S NAME 236 LOCATION 230 BURIAL, CREMATION, REMOVAL Cremation 8-24-1986 Metropolitan Crematory Alexandria Virginia 24 FUNERAL DIRECTOR 11800 N.H. Ave., **DHMH - 17** Hines/Rinaldi Funeral Home Silver Spring, Md. (VR A15 ME (5)) 20M 4/82

injury, or other troumotic event, the

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTA		ALTH AND MENTAL HYGI CATE OF DEATH	ENE O REG. NO.	2 3 4 =	1
	I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	Opp	tleir	20. DATE OF DEATH MON	24 86	26 HOUR 1530
	Male Male	White	Apri	DAY, YEAR	6 AGE (IN YEARS LAST BIRTHDA	YRS.	IF UNDER 24 HRS HOURS MIN.
-	78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) New York	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO		MD.
	Takoma Park	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		OTHER INSTITUTION	IN ISUAL OCCUPATION IN OF WOLW FOR MOST OF WO AWYE	ORKING LIFE) INDUSTRY	BUSINESS OR
		NTY I3c CITY OR TOW	pg.	YES 🛛 NO 🗌		P CODE ifant Stre	eet20910
1	Julius	MIDDLE Gertle	er	Rose	MIDDLE	Kalich	
	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 579-28-		Diane Gert	Silver 503 Bo	onifant St	treet
		nly one cause per line for (a), (b), on ED BY: TE CAUSE (o)	seu (Shock		APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) WYO CO DUE TO, OR AS A CONSEQUE (c) COTOMIC	~ dia	La Orsieur	fwin		
		conditions contributing to					
7	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION		YES NO NO	DE IF YES, WERE FINDING CAUSES (YES	OF DEATH?
7	OR CONTRIBUTING CAUSE OF DE.	R) P.M.	19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	sow the deceased alive or	otherwise the deceased from 19 2000 view the pody offer death	0	that in (my) (explopinion d	eath occurred on the date	and hour and from the c	
	226 SIGNATORE & M	· Demir		PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10 8/2	4/86
	Frank Grai	Viuo, MD		10313 Ge	ogia Ave	, Silver Sp	rig MD
	230 BURIAL, CREMATION, REMOVAL Burial			Israel Cem	Oxon Hi	ll. Maryla	and
	24 FUNERAL DIRECTOR NAME Danzansky-Goldbe	Rockville, M	arylan	d 25a DATE	27 1500 gu	REGISTRAR'S SIGNATE	JRE TO LEASE
	Datizationy-GOTUDE	re orialers, 11/0	TWCTCA	TITE I THE	107		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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81672	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH REG. NO.	- 58
2 n.f.		CEASED NAME FIRST OR PRINT) RICHAU	d S Gesstord 20. DATE OF DEATH MONTH DATE	7 86 8 40 AM
urs ofter o		ALE	WHITE JULY 5 AY 1895 91 YRS.	UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
42	0	RTHPLACE ISTATE OR FOREIGN JASHINGTON, DC	76. CITIZEN OF WHAT COUNTRY? 8 WARRIED NEVER MARRIED NEVER MARRIED MONTGOMERY COUNTY OF COUNTY	INTY MD.
90	1	SAITHERSBURG	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HEARM WISON HEALTH (ARE LENTER ADMINISTRATOR) OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	126. KIND OF BUSINESS OR INDUSTRY FEDERAL GOV.
35	130.	TATE 13b CC	UNITY 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP CODE	ENUE 0 160
(53	+	IARRY SIRST	MIDDLE LAST GESSFORD KATHERINE	KOEHLER
open regin	3	ES (IF YES,	STATE OF DATES) 166 SOCIAL SECURITY NO. 17. INFORMANT SUSAN G. SPICER, GAITHERSBUR Only one cause per line (gr (a), (b), and (c)). SED BY:	
the permit. Then please remove carb the gene prior to buriol, cremotion, or shows any injury, or other troumotic	CERTIFICATION	Chronic O	YES NOXX IN CERTIFY	WERE FINDINGS USED NG CAUSES OF DEATH?
Many po	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE EITHER, NOTHY MEDICAL EXAM 216 INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH DAY YEAR	COUNTY STATE
am 21 is mork		22a. I certify that (1) (this ha	spital) attended the decaysed from 19 26, and that in (my) (aur) opinion death occurred on the date and hour of the body after death.	and from the causes stated
POSTANT: # In		Jumes R	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8-19-86
3 3+		BURIAL, CREMATION, REMOVING MATION	AL 236, DATE 236, NAME OF CEMETERY OR CREMATORY 236, LOCATION	VIRGINIA
5 50M 4/83 15, 4)	24 D	UNALDREMOR STEIN 32 CARROLL STI	HEBREW MEMORIAL FUNERAL HOME AUG PROBESTRATION REGISTRATION D.C.	

STATE OF MARYLAND

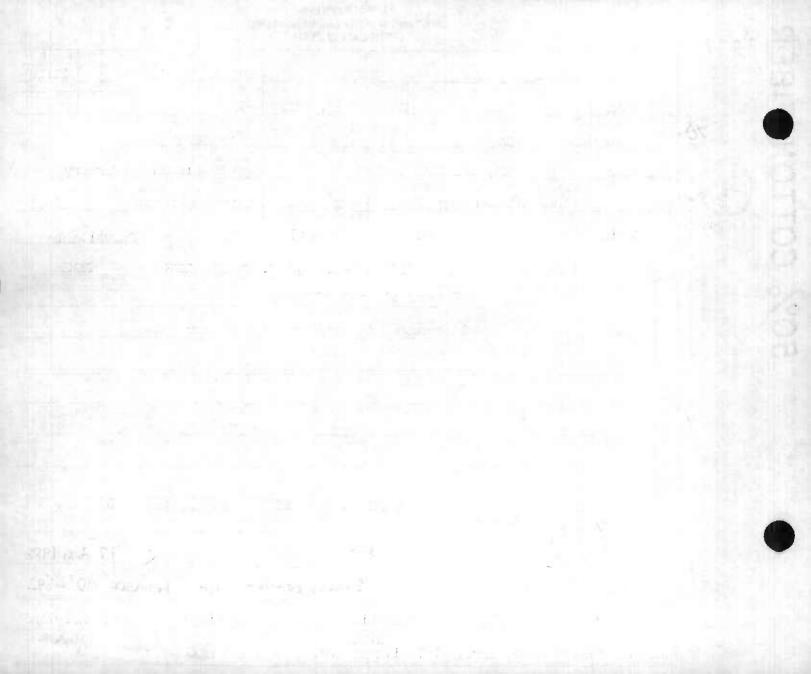
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

23457

		REGISTRAR				CERTII	ICATE OF DEA	4111	REG	G. NO.	1000	
		CEASED NAME	961		MIDDLE	l l	IZA		20 DATE OF DEAT	H MONTH	DAY YEAR	26 HOUR
	311078	OF PRINT)	ROBERT	L	EE	GC	ETZ		AUGUST :	16, 198		12:20 ^P _M
	1. SEX	K	RACE		5. DATE C	5. DATE OF BIRTH MONTH DAY YEAR		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	HOURS MIN.	
	1	MALE	-	WHITE			RY 19, 1		53	YRS		
		SAMPLACE (STATE)	DARDARKON: 76	CITIZEN OF	WHAT COUNT	RY? 8	NEVER MAI	DDIED [9 BALTIMORE CI	TY OR COUNT	Y OF DEATH	
X	25	Maryl		USA		WIDOWE	D DNO	RCED				MD.
Z	III. Cr	TY OR TOWN OF E	EATH I		H FACILITY, GIVE S		R OTHER INSTITU	NOITU				OF BUSINESS OR
2		THESDA				AL CENTI	ER		Dye Repa	irman	Facto	ory
Z	tile S	AL RESIDENCE IF	OR OT		13c. CITY OR 1	TOWN	13d INSIDE CITY	LIMITS?	13e STREET ADDR	ESS / ZIP COD	Ε	
1		YLAND	Anne .	Arunde.	GLEN 1	BURNIE		○ X]		ANCH LA	NE	21061
2)	JA FA	THEN'S NAME	ind	DOLE :	LAST		15 MOTHER'S M	T T		DLE	LA	ST
d	1	Louis		E.	Goet		Pea				Unavai	lable
5		VAS DECEASED EV			166 SOCIALS	SECURITY NO.	17 INFORMANT		A	DDRESS		
6		Yes	Korea	n	215-30	0-4362	MRS. EI	LLA M.	GOETZ, 1	WIFE		AME
1		18 CAUSE OF DEATH lEnter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH										
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Bilateral pleural effusion										
		200		DUE TO, O	R AŞ A CONSE	EQUENCE OF						
		Conditions, if ony, which (Widespread metastatic renal cell carcinoma										
	cause to immediate Due TO, OR AS A CONSEQUENCE OF											
		underlying coune lost.										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:10										
	CERTIFICATION											
	ICA	1% DATE OF OPERATION		196 CONDITION FOR WHICH OPERATIO			N WAS PERFORM	NED	200 AUTOPSY?	IN CERT		
	RTIS					1.500			24			NO 🗌
		210. ACCIDENT WAS		216. TIME O HOUR A.		DAY YEAR	21c. HOW INJU	RY OCCURRI	ED (ENTER NATURE O	F INJURY IN ITEM 18	PART I OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY M	EDICAL EXAMINER)	Ρ.		19						
	VED	21d. INJURY OCCU		(AT HOME STE	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION		CITY	ORTOWN	COUNTY	STATE
		AT WORK	WHILE WORK									
ī	60	270.1 certify that X (this haspital) attended the deceased from April 8, 1986, to August 16, 1986, that X (we) last saw the deceased alive on August 16, 1986, and that in XXI (our) opinion death occurred on the date and hour and from the causes stated above. XXII view the bady after death.										
		saw the dece above, www.	ased alive on	view the bady	after death.			ur) opinian d	leoth occurred on t	the date and he		
	13	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN (1)										ESIGNED
												tug 1986
		270 ADDRESS NIH, Clinical Center, Betheso										
		Alan	Ti Le	for			Suggery	BRANC	HIN H	BETH	ESD4 M	J 20842
		BURIAL, CREMATIO		236. DATE			EMETERY OR CRE		23d. LOCATION	WN	COUNTY	STATE
		Buria		8/20	/86	Meadowr	ridge Men		Eldridg	ge Ho		Maryland
-		JNERAL DIRECTOR			ADDR	ESS 21	.229	25a. DATE	REC'D. BY REGIS	MORE CITY OR COUNTY OF DEA TGOMERY COLINTY JAL OCCUPATION WORK FOR MOST OF WORKING LIFE) PAUTOPS ADDRESS / ZIP CODE 1 BRANCH LANE MIDDLE MIDDLE LI CARCINOMA ADDRESS TZ, WIFE L1 CARCINOMA ER NATURE OF INJURY IN HEM 18 PART I OR P CITY OR TOWN COUNTY COLITY OR TOWN COLITY	David Signa	AridaBe
	Hul	bbard Fur	neral Ho	me, In	c., 410	7 Wilke	ens Ave.	AU	G 22 198	O A work		

DHMH - 16 60M 7/B4 (VRA 15, 4)



STATE OF MARYLAND FOR OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO MIDDLE . DECEASED NAME 20. DATE KNOWN D (TYPE OR PRINT) OF ESTI-72 HOURS ON STREET, GOLDMAN DEATH MATED GERALD 19 86 4 RACE A AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 3. SEX DATE OF BIRTH 2c. DATE TE YRS. YEAR PRONOUNCED auc. 37 DEAD LOUNTRY? TO BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA DIVORCED MONTGOM ERY SK K ID CITY OR TOWN OF DEATH 124 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY PETHESDA Consultant Engineering 13d INSIDE CITY LIMITS? BETHESDA MONTGONUT 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Goldman Nathan Mary Schwartzman 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 11808 Rosalinda Drive (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-34-1693 No Mara Goldman Potomac, Maryland 20854 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ACUTE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE O lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AE, INT.
ORWARDED TO THE CO.
ORWARDED TO THE CO.
OR. PAGE 3 SHOULD BE USE
OR TE DEPARTMENT OF THE ORDARY TO THE ORDARY TO THE ORDARY TO THE ORDARY TO THE ORDARY THE YES [] NO L 21a EXTERNAL CAUSEWAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING POR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED TIE PLACE OF INTURY II LOCATION WHILE AT WORK 5225 OOOK PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFFER DEATH, WITH THE STA
BALLIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from: Homicide Undetermined monner EXAMINER'S NAME (TYPE OR PRINT) 23g BURIAL CREMATION REMOVAL 23h DATE COUNTY Burial 8-29-86 Moses Montefiore Baltimore 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR Danzansky-Goldberg Mem. Chps. Rockville Pike.

NAME

Danzansky-Goldberg Mem. Chps. Rockville, Md20852 **DHMH - 17** AUG 28 (VR A15 ME (5))

FOR

- STATE

190 DATE OF OPERATION

21d INJURY OCCURRED

CERTI

MEDICAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20b. IF YES, WERE FINDINGS USED

CERTIFICATE OF DEATH REGISTRAR 2a DATE OF DEATH DECEASED NAME 2b. HOUR (TYPE OR PRINT) AUG MOY GONG N. 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX Male Chinese 16 1898 April 88 TO BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, DC USA WIDOWED DIVORCED [Montgomery IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Silver Spring 10214 Georgia Avenue Self Employed Restauranteur

136 COUNTY 13e STREET ADDRESS / ZIP CODE Silver Spring .0214 Georgia Avenue Maryland Montgomery 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Mamie (unobtainable) Mov Ni-Chee ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 577-10-6763 Evelyn N. Moy-wife-(same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and c

APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DSCLEROTTE VASCULAR DISEASE Conditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

21e PLACE OF INJURY

IN CERTIFYING CAUSES OF DEATH? NO .. YES | NO T 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

211 LOCATION

200 AUTOPSY?

CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC I NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from

Cand that in (my) apinian death accurred on the date and havi and from the causes stated DEGREE 22c. DATE SIGNED

ATTENDING . ER E- GOOZH 2309 SHOREFIELD ROAD WHEATO

23c. NAME OF CEMETERY OR CREMATORY

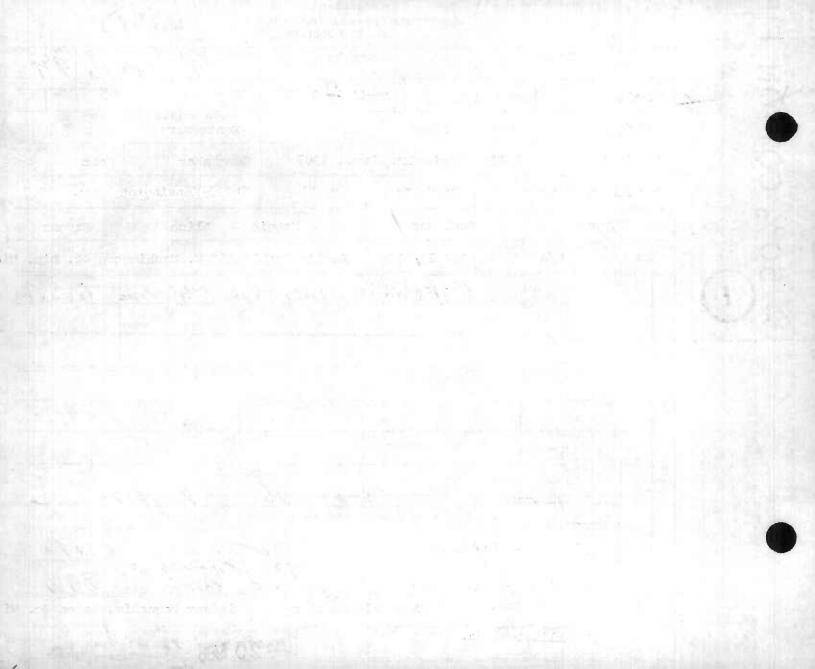
Aug. 19, 1986 Fort Lincoln Cemetery Brentwood Pr. Georges .bM Buria1 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 11800 N.H. Ave. Hines/Rinaldi Funeral Home

Silver Spring, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)



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0 - 1000 1 -		REGISTRAR CEASED NAME EORPRINT) Trene		WIDDLE		rable	REG. NO.	MONTH DAY	YEAR 2	b. HOUR J
ge 4 moy b	3. SE f e	x emale	4 RACE Caucas	ian		il #8,1907	6 AGE (IN YEARS LAST BIR	MON!		FUNDER 24 HRS HOURS MIN.
death. Pour 72 hau		RTHPLACE (STATE OR FOREIGN		what country? ed States	MARRIE WIDOWE	D NEVER MARRIED DE DIVORCED	9 BALTIMORE CITY O Montgome	_	DEATH	MD.
Softer So	Ke	ensington	10225	Kensingto	on Pk	wy., #907	Homemaker		2b. KIND OF E HOME	BUSINESS OR
and 21201	130	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	"TIE Bridge	Street	9	7999
MARYL mpletely ond 2 s	14. F/	Edgar	BIDDIM	Scripter		15. MOTHER'S MAIDEN NA.		9	Hav	rens
BATTIMORE, I	16a \	NAS DECEASED EVER IN U.S. AR	MED FORCES? /E WAR OR DATES)	384 34 7		17 INFORMANT Leslie Grad	ole 358 E. T		on St.	Dim.,M
RECORDS, 201 W. PRESTON ST. I law requires that the dearn can be been signed by the offer effects remove retrained to brind, cremotion. Vs any injury, or other frountate.	IION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, CO		NCE OF					
he law on. hos being the permit ows any	CERTIFICATION	190 DATE OF OPERATION	196 COND	OITION FOR WHICH (OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WI IN CERTIFYING YES	G CAUSES OF	S USED F DEATH? NO
DIVISION OF VITAL NG PHYSICIAN: The ortherding physicion fifer this certificate h os the busici-tronsir p th and Mental Hygier h and Mental Hygier orked or item 18 show	MEDICAL CER	210 ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINE) 210 INJURY OCCURRED WHILE ON OT WHILE AT WORK AT WORK	21e PLACE	OF INJURY .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE, FA	19	21t. HOW INJURY OCCURI	RED (ENTER NATURE OF INJUI		COUNTY	STATE
the hospital on the hospital on the hospital on to the hospital of the hospital of the hospital of the hospital is the hospital is the hospital of the hospital is the hospital in the hospita		220 I certify that (I) (mis 1858) saw the deceased alive an above, (I) (III) 11 I did no 22b. SIGNATUR	it) view the files	he deceased from 19 5	6	nd that in my meet opinion DEGREE ATTENDING PHYSICIAN	death accurred an the di	· F	thom the course of the party of	
TO HOSPITA etoined by TO FUNERA should be dewith the Statement with the Statement MAPORTANT	22	228 PHYSICIA THAME (TYPE OF	· Geir	es. Un).	120 ADDRESS PS O	R SRING	in so	209	10
3000BP		RUBLAL GREMATION, REMOVAL				EMETERY OR CREMATORY Le Cemetery	Windsor !			
DHMH-16.50M 1/B1 (VRA 15, 4)	24 F	UNERAL DIRECTOR AYIIT	rearson,	va. 22201	nomes	AUG	TO TOP A	P. P	SSIGNATUR	E



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 20 DATE OF DEATH 2b. HOUR (TYPE OF PRINT) CORSE KERONY 86 4 RACE IF UNDER 1 YEAR 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH November 23 1923 I STATE OR FOREIGN 70 BIRTHPLACE Th. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED North Carolina Montgomery LICA WIDOWED DIVORCED LE CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY Silver Spring Cross Hospital Self Employed Brick Mason 136 COUNTY 13e.STREET ADDRESS / ZIP CODE Whoaton 2409 Blueridge Avenue Maruland Montgomeru 20902 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Underwood Gregory Cora ROSO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATES Yes 578-16-7438 Maxine Gregory Wiko Samo as 13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for Ja), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE to: Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 190 DATE OF OPERATION 200 AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F 71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET FACTORY, OFFICE, FARM, ETC) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 220 DATE ATTENDING MEDICAL STAFF
PHYSICIAN DORRECTOR PHYSICIAN [MPORTANT 23a BURIAL CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY (SPECIFY) Silver Spring Montgomery Md. Aug. 8.1986 Gate of Heaven 24 FUNERAL DIRECTOR Francis J. Collins Jr. DHMH - 16 60M 7/84 500 University Blvd. W. Silver Spring. Md. (VRA 15. 4)



	1				STATE OF M	IARYLAND					
		FOR - STATE		DEPARTM		AND MENTAL HY	GIENE &	2 3 4 6) "		
77-15780		REGISTRAR			CERTIFICAT	E OF DEATH	REG. NO),			
0 10100		DECEASED NAME FIRST	MI	DDLE	LAST			MONTH DAY YEAR	2b. HOUR		
o th	(ERNEST	0		GRIGG	7 777	Hug-	11, 86	1054 au		
noy be	3	SEX	4 RACE		5. DATE OF BIRT	H 111	6 AGE (IN YEARS LAST BIRTI		10 70		
# 9 B	1	m	//		HINOM	DAY YEAR		MONTHS DAY	S HOURS MIN.		
0 25 /	0	ale	Caucas.		9 0	74 38	47	YRS			
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7 117	/ 10	CITY OR TOWN OF DEATH		OSPITAL, NURSING FACILITY, GIVE STREET		IER INSTITUTION	12a USUAL OCCUPATION	ON 126 KIND WORKING LIFE) INDUSTR	OF BUSINESS OR		
5 0 5 29 /2/		AKOMA PARK	WASHIN	GTON AD	VENTIST	HOSPITAL	Officer in		en's Prog.		
13 1	Ų	SUAL RESIDENCE HE NURSING HOME CO. STATE 13b. CO.	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	ICIDE CITY HALITCO	13e.STREET ADDRESS /	5	en a ruy.		
2 码			aomeru	Silver S		NSIDE CITY LIMITS?	300 Deerbo		20901		
2 2 257.1		FATHER'S NAME	gomery 1	saver s		OTHER'S MAIDEN N.		in noenae	20701		
# 1 17/41/)	FIRST	MIDDLE	LAST	7	FIRST	MIDDLE		LAST		
*	-	Ernest WAS DECEASED EVER IN U.S. A	DATE FORCES	Griga, 1		Margare IFORMANT	ADDRE	Ander	ison		
MORE e execution on ond se Poges	10		IVE WAR OR DATES)								
TIM be a	L	No		084-32-4	108 May	ia J. Grig	g Wife Sam	e as 13			
hysicie poper novol.		18 CAUSE OF DEATH (Enter of	only one cause per I	ine for (a), (b), one	rici.l		Λ .	BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH		
		PART I. DEATH WAS CAUS	ATE CAUSE (o)	Caro	lis ous	hizrom	Horres				
he death cert he ottending emove corban imotion, or rec			DUE TO OR	AS A CONSEQUE	NCE OF	1 /	1 01	1			
STC eeth ve con, umo		Conditions, if any, which (b) MOSSIN 2012 Conditions, if any, which									
PRE o o o o o o o o o o o o o o o o o o o		gove rise to immediate									
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son W.		DART 2 OTHER SIGNIFICANIT	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
Sign sign o bu			CONDITIONS CO	INTRIBOTING TO L	BOT NOT F	ELATED TO THE TER	MINAL DISEASE OR CON	MINON GIVEN IN PART	110		
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir offending physicion. Wher this certificate has been sig as the buriol-tronsit permit. Then the ond Mental Hygiene prior to b orked or trem. 8 shows ony injury orked or trem. 8 shows ony injury	7	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	LIST CONDIT	ION FOR WHICH	OPERATION WA	SPEDEODMED	20a AUTOPSY?	20b. IF YES, WERE FINI	DINGS LISED		
PEC 10w		E DATE OF OPERATION	176 CONDI	IOI4 FOR WITHEIT	OF ERATION WA	STERT ORMED		IN CERTIFYING CAUS	ES OF DEATH?		
AL The cion		*		- halling	10)	1014 11 11 101 0 0 0 0 1	YES NO	YES 🗌	NO 🗌		
JOF VITA SICIAN: Ti og physici certificote riol-tronsi entol Hygi ftem 18 sh	46.0	OR CONTRIBUTING CAUSE OF D	21b, TIME OF HOUR A.M		Y YEAR	HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	?)		
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SION OF VI PHYSICIAN: ending phys this certifico the buriol-troi ad Mentol Hi d or Item 18		(IF EITHER NOTHY MEDICAL EXAMIN	21e PLACE C	F INJURY ET. FACTORY, OFFICE, FA		OCATION	CITY OR TO	wn COUNTY	STATE		
DIVISION OF ON THE PROPERTY OF		MHILE NOT WHILE AT WORK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		21	21 0	1	01.10			
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TOR. US TO F US TO F He		sow the deceased alive o		10 19	ond that	in (m) (our) opinior	death occurred on the do	te and hour and from th	he couses stated		
A ATT Hospin Hospin Hed for the of th		obove, (1) (we) (did) (did r 22b. SIGNATURE	A New the body o	orter deoin.	DEGRE	E		22c. DA	TE SIGNED		
0 " 0 00		A A COOCO MATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN									
by by ERA	1	22d PHYSICIAN'S NAME LITYPE	OR PRINT)	0	122e	ADDRESS (VE	DIRECTOR PHYSIC	0 1 0	5.		
HOSPITING by the Shift has		AC	HACK	D		.820	10, 16 15, 57		31 2000		
TO HOSPITAL (retoined by the TO FUNERAL Ishould be deto with the Store IL IMPORTANT; if		1	11				31)11	y super of	ND 20410		
	2	Burial, Cremation, Remova (SPECIFY)				RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE		
BP		Burial	Aug. 15	. 1986 Woo	odlawn C	emetery			York		
DHMH - 16 60M 7/84	2	FUNERAL DIRECTOR France	is J. Co.	llins Tres J	۲.	25a. DA	TE REC'D. BY REGISTRAR	25b REGISTRAR'S SIGN	ATURE		
(VRA 15, 4)		500 University F		Silver S		Md. Al	IR Y R TORR	Cl. Tride	Mandall.		

